FILE	NOW: FILING FEE	AFTER MAY 1ST	IS \$550.00	
COF	PROFIT PORATION JAL REPORT	Sandra	PARTMENT OF STATE B. Mortham etary of State	Wiai 25 1776 0.00aiii
	1998		F CORPORATIONS	Secretary of State
INTERN	MENT # L98174 Name NATIONAL TRAINING CENT	ER INC.		
BLUE GABLES PLAZA 7360 SW 24TH STREET SUTE 28 MIAMI FL 33155		Mailing Address PO BOX 1848 MURRAY HILL STATIO NEW YORK NY 10156		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified 09/07/1990
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 Suite, Apt		26 Suite, Apt. #, etc.		11-3033874 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
22 1360 S City & State	W24 ST #31	27 City & State		6. Election Campaign Financing \$5.00 May Be
23 Zıp	Country	28 Zip	Country	Trust Fund Contribution Added to Fees
24	25 9. Name and Address of Curren	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
11. Pursuant office or r agent I a SIGNATURF			83 84 City atutes, the above-name as authorized by the co Florida Statutes.	PL ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable [f ID DIRECTORS	NOTE: Registered Agent signatu 13.	Alure required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TALE		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY - ST - ZIP	TEICH,ROBERT 285 HENRY STREET BROOKLYN NY		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP	ess
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERDOMO-MARTELL,ZULEIC 2633 SW 32 COURT MIAMI FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change [] Addition C
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S TEICH, SUSAN 285 HENRY ST. BROOKLYN NY	DEL ETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP	Change [] Addition
TITLE NAME STREET ADORESS		DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS	Change [] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE - 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	ESS
CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change [] Addition
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officor or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address.				
SIGNATURE: SIGNATURE: 3/17/98 (212) 686-0036				

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