

FILE NOW: FILING FEE AFTER MAY 1 IS \$215.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M16808 (1)

1. Corporation Name
JOSE MARTI SCHOOL, INC.



Principal Place of Business: **1102 S.W. 27TH AVENUE MIAMI FL 33135**
Mailing Address: **1102 S.W. 27TH AVENUE MIAMI FL 33135**

3. Date Incorporated or Qualified: **06/12/1985**
3a. Date of Last Report: **03/07/1995**

| | | | |
|---------------------------------|-------------------------|---|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| | | 65-0086285 | Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip | 29. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Country | 30. Country | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEOVIDES, MARIO B. SR.
3601 S.W. 1ST AVENUE
MIAMI FL 33145**

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |
| 85. Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature by typed or printed name of registered agent and tick if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEOVIDES, MARIO B. SR. | 1.2 NAME | |
| STREET ADDRESS | 3601 S W 1ST AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEOVIDES, NIDIA | 2.2 NAME | |
| STREET ADDRESS | 3601 S W 1ST AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANCHEZ, ELIDA F. | 3.2 NAME | |
| STREET ADDRESS | 2760 SW 19TH TERRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer 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 attachment with an address.

SIGNATURE: *Mario B Beovides* **Mario B Beovides Pres.** *1/19/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)