

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01811** (1)

1. Corporation Name

POLITECHNICAL INSTITUTE OF FLORIDA, INC.



Principal Place of Business	Mailing Address
1321 SW 107 AVE 202B MIAMI FL 33174 US	1321 SW 107 AVE 202B MIAMI FL 33174-2521 US

2. Principal Place of Business	2a. Mailing Address
21 8476 S.W. 40 ST Suite, Apt. #, etc.	26 8476 S.W. 40 ST Suite, Apt. #, etc.
22 City & State	27 City & State
23 MIAMI, FL	28 MIAMI, FL
24 33155 25 US	29 33155 30 US

3. Date Incorporated or Qualified 03/07/1984	3a. Date of Last Report 02/21/1996
4. FEI Number 59-2387853	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
PLOUCHA, ESQ L ATKINSON, DINER, STONE, BLACK & MANKUTA 1946 TYLER ST HOLLYWOOD FL 33025	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	CURIEL, IVAN
STREET ADDRESS	1321 SW 107 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	SDV <input checked="" type="checkbox"/> DELETE
NAME	CURIEL, MARIA
STREET ADDRESS	1321 SW 107 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	PRINCEZ, DANIEL
STREET ADDRESS	1321 SW 107 AVE #202B
CITY-ST-ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	BABANI, HENRY
STREET ADDRESS	1321 SW 107 AVE, 202B
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DV
1.3 STREET ADDRESS	REED, DAVID E.
1.4 CITY-ST-ZIP	8476 SW 40 ST MIAMI, FL 33155
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 (305) 226-8099

Date Daytime Phone # 0032793

CR2E037 (9/96)