04141999-90160-005-$8.75-$8.75 * 04141999-90160-006-$61.25-$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90160 005 *****8.75
04-14-1999 90160 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01811

1. Corporation Name

POLITECHNICAL INSTITUTE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
500 WEST 29 STREET HIALEAH FL 33012 US	8214 WEST FLAGLER ST. MIAMI FL 33144

2. Principal Place of Business 21 500 WEST 29 STREET	2a. Mailing Address 26 8214 WEST FLAGLER ST	3. Date Incorporated or Qualified 03/07/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2387853 ☒ Applied For ☐ Not Applicable
City & State 23 HIALEAH, FL	City & State 28 MIAMI, FL	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 33012 25 USA	Zip / Country 29 33144 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ALVAREZ, CARLOS L
8214 WEST FLAGLER STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent

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 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 Carlos Alvarez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	ALVAREZ, CARLOS L		1.2 NAME		
STREET ADDRESS	8214 WEST FLAGLER ST		1.3 STREET ADDRESS	CHANGE	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BABANI, HENRY		2.2 NAME		
STREET ADDRESS	8214 WEST FLAGLER ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	MORERA, ANGEL E		3.2 NAME		
STREET ADDRESS	8214 WEST FLAGLER ST		3.3 STREET ADDRESS	CHANGE	
CITY-ST-ZIP	MIAMI FL 33144		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PABON, EDDIE		4.2 NAME		
STREET ADDRESS	8214 WEST FLAGLER ST		4.3 STREET ADDRESS	DS	
CITY-ST-ZIP	MIAMI FL 33144		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ARBELO, MAYRALISA		5.2 NAME		
STREET ADDRESS	8214 WEST FLAGLER ST		5.3 STREET ADDRESS	CHANGE	
CITY-ST-ZIP	MIAMI FL 33144		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 officer or director of the corporation or the receiver or trustee empowered to execute this 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1/18/99 — (305) 2270005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(1.1/98)