

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                           |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
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| <b>DOCUMENT # N03000007622</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                           |  |                                                                                                                                                                                                                                              |                                                    | <b>FILED</b><br><b>06 DEC -4 PM 4:32</b><br><b>SEAL</b><br><b>TALLAHASSEE, FLA.</b> |  |
| <b>1. Entity Name</b><br>INTERNATIONAL STUDIES CHARTER HIGH SCHOOL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                           |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
| <b>Principal Place of Business</b><br>6255 BIRD ROAD<br>MIAMI, FL 33155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | <b>Mailing Address</b><br>6255 BIRD ROAD<br>MIAMI, FL 33155                               |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <b>3. Mailing Address</b>                                                                 |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | Suite, Apt. #, etc.                                                                       |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | City & State                                                                              |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | Country                                                                                   |  | Zip                                                                                                                                                                                                                                          |                                                    | Country                                                                             |  |
| <b>4. FEI Number</b><br>41-2142346                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                           |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                       |                                                    |                                                                                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                           |  | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                        |                                                    |                                                                                     |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>NRAI SRVS., INC<br>2731 EXECUTIVE PRK DR STE 4<br>FORT LAUDERDALE, FL 33331                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                           |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                    |                                                                                     |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                           |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                           |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
| <b>Amended AR is \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                           |                                                    | <b>Make check payable to Florida Department of State</b>                            |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                           |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                 |                                                    |                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DCP<br>CLARK, MAUD<br>912 ESCOBAR<br>MIAMI, FL 33134                   |                                                                                           |  | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>SAMKIN, RUFUS<br>7901 NW 103RD ST<br>HIALEAH, FL 33016            |                                                                                           |  | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>COCO, PATRIZIA<br>220 MIRACLE MILE STE 213<br>MIAMI, FL 33134     |                                                                                           |  | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>DEPERSIA, GIAMPIERO<br>10 NE 39TH ST<br>MIAMI, FL 33137           |                                                                                           |  | <input type="checkbox"/> Delete                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>CAFFIN, JEAN MICHEL<br>8200 NW 33RD ST STE 300<br>MIAMI, FL 33122 |                                                                                           |  | <input type="checkbox"/> Delete                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>FERNANDEZ LOPEZ, JOSE ANTONIO<br>3163 OAK AVE<br>MIAMI, FL 33133  |                                                                                           |  | <input type="checkbox"/> Delete                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                                                        |                                                                                           |  |                                                                                                                                                                                                                                              |                                                    |                                                                                     |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                           |  | 11/30/06 (305) 3365417<br><small>Date Daytime Phone #</small>                                                                                                                                                                                |                                                    |                                                                                     |  |

(see attached)

International Studies Charter High School, Inc.

2006 - 2007

Board Members & Officers

**Patrizia Coco, Director / Chair / President (D/C/P)**

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**\*Victor Rodriguez, Vice-President (V/P)**

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ADD

**\*No Voting Privileges / Corporate Officer Only**

**Jean-Michel Caffin, Director / Vice-Chair (D)**

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Kelly Mallon (DELETE)

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(D/T)

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**Abbreviations for Corporation Annual Report**

D- Director

P- President

C- Chair

V- Vice President

T- Treasurer

S- Secretary



CORPORATION SERVICE COMPANY

283

ACCOUNT NO. : 072100000032  
REFERENCE : 637246 131879A  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 61.25

ORDER DATE : December 4, 2006  
ORDER TIME : 10:22 AM  
ORDER NO. : 637246-005  
CUSTOMER NO: 131879A

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 DEC 14 AM 10:46  
NOT NEEDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: INTERNATIONAL STUDIES CHARTER  
HIGH SCHOOL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake-EXT#2959

EXAMINER'S INITIALS: \_\_\_\_\_