FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

I am an officer or director of the appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

(5)

INCAE EUUCATIONAL CENTER, INC.									
Principal Place	e of Business	Mailing Address			E SOURTIET WIN WOLDT ARTER TORING TRITO	Ante and it debi	i Bidii Bidii Eli	BIE BEBEL IN DI	
848 BRICKELL A SUITE 200 MIAMI FL 33131	AVE.	848 BRICKELL AVE. SUITE 200 MIAMI FL 33131-2915				· · · · · · · · · · · · · · · · · · ·		·	
						3. Date Incorporated or Qualified 04/24/1985	3a. Da	te of Last R 09/27/198	eport 96
······································	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2554797			optied For of Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.					\$8.75		
22		27			5. Certificate of Status Desired		Fee Re		
City & State)	City & State			6. Election Campaign Financing	p+4	\$5.00		
23	T Country	Zip Country			,	Trust Fund Contribution Added to Fees			
Zip 24	Country Zip 25 29 30			, ·		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Currer		1301	J		10. Name and Address of New R			
	W. W. W.			81	Name				
BERLIT CORP. SERVICES INC.				82	2 Street Address (P.O. Box Number is Not Acceptable)				
848 BRICKELL AVE						Troot Address (1.0. Dox Hamber 15 Not Addeptable)			
MIAMI FL 33131				83					
				84	City		FL	85 Zip (Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, Fl	tes, the at authorized orida Stat	bove d by tutes.	named corpo the corporatio	ration submits this statement for the in's board of directors. I hereby acce	purpose of pt the app	changing it ointment as	is registered registered
SIGNATURE									
12.	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS	13.	a Agen	nt signature required	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 10	TLE		ADDITIONAL TO OCT	22.107.110	☐ Change	Addition
NAME	BIONDI-MORRA, BRIZIO		1.2 NA	AME					
STREET ADDRESS	APARTAD 960		1.3 \$		ADDRESS				
Cłty-St-zip	4050 ALAJUELA, COSTA RICA			1.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·		1	
TITLE	TO			TLE				Change	Addition
NAME	RAPPACCIOLI, JUAN	_i_		2.2 NAME					
STREET ADDRESS	APARTADO 960			2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	The state of the s		2.4 C	ITY-S	T - ZIP			Change	Addition
NAME	ARTAVIA, ROBERTO				32 NAME				
STREET ADDRESS	APARTADO 960				ADDRESS				
CITY-ST-ZIP	4050 ALAJUELA, COSTA RIC	A	1	CITY-S	1				
TITLE	GM	DELETE	4.1 Ti					Change	Addition
NAME	LACAYO, DANILO		4. 2 N	IAME					;
STREET ADDRESS	APARTADO 960		4.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	4050 ALAJUELA, COSTA RIC			ITY-ST	T-ZIP				
TITLE	AS	☐ DELETE	5,1 Tr		İ			L Change	Addition
NAME	BERLEY, DAVID R		5.2 N/						
STREET ADDRESS	848 BRICKELL AVE. #200 MIAMI FL 33131				ADDRESS				
CITY-ST-ZIP	D MIAMI PL 33131			ITY-ST	I - ZIP			Change	Addition
TITLE NAME	MATTA, ALEX			TITLE NAME				many within	
STREET ADDRESS	C/O INCAE		1		adoress				
CITY-ST-ZIP	SAN JOSE, COSTA RICA		- 1	INCCI ITY-SI					
14. I do herek	by certify that the information supplie	ed with this filing does not qua	ify for the	exer	mption stated	in Section 119.07(3)(i), Florida Statut	es. further	certify that	the
informatio I am an oi appears i	by certify that the information supplies on indicated on this annual report or fficer or director of the corporation of the Block 12 or Block 13 if the god, or	supplemental/arinual report is r the receiver of trustee empor or by ari altabblien with an ac	true and a wered to a Idress.	accu exec	rate and that rute this report	my signature shall have the same leg as required by Chapter 617, Florida	jai effect as Statutes; a	in made un nd that my r	ider oath; that name