


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Moriam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N10089** (3)

1. Corporation Name

ST. PHILLIP NERI EDUCATIONAL CENTER, INC.

Principal Place of Business

Mailing Address

1632 SW 21 ST
% RAMON V RASGO
MIAMI FL 33145-2846
US

1632 SW 21 ST
% RAMON V RASGO
MIAMI FL 33145-2846
US

3. Date Incorporated or Qualified

07/08/1985

4. FEI Number

59-2616686

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINBERG, LASKAR J
1632 SW 21 STREET
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 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

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 ☐ DELETE

NAME **TD**
STREET ADDRESS **STEINBERG, LASKAR J**
CITY-ST-ZIP **1632 SW 21 ST**
MIAMI FL

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **ARISTA, LEOPOLDO**
CITY-ST-ZIP **1769 SW 24TH TERR**
MIAMI FL

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **GONZALEZ, MARIA A**
CITY-ST-ZIP **1540 SW 14TH TERR**
MIAMI FL

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **STEINBERG, CELIA L**
CITY-ST-ZIP **1632 SW 21ST ST**
MIAMI FL

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **HERRERO, MARIA C**
CITY-ST-ZIP **11940 SW 132 AVE**
MIAMI FL

TITLE ☐ DELETE

NAME **VS**
STREET ADDRESS **GARCIA, LILIANA**
CITY-ST-ZIP **12550 SW 309T**
MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

[Signature]

CR2E037 (10/97)