

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90090 043 ****61.25

DOCUMENT # N10089

1. Corporation Name

ST. PHILLIP NERI EDUCATIONAL CENTER, INC.

Principal Place of Business

1632 SW 21 ST
C/O LASKAR J. STEINBERG
MIAMI FL 33145-2846
US

Mailing Address

1632 SW 21 ST
C/O LASKAR J. STEINBERG
MIAMI FL 33145-2846
US



2. Principal Place of Business

2a. Mailing Address

21 1632 SW 21 ST SAME

26 1632 SW 21 ST SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C/O Laskar J. Steinberg

27 C/O Laskar J. Steinberg

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Zip

Country

Country

24 33145-2846 25

29 33145-2846 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/08/1985

4. FEI Number

59-2616686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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 STEINBERG, LASKAR J

STREET ADDRESS 1632 SW 21 ST

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME ARISTA, LEOPOLDO

STREET ADDRESS 1769 SW 24TH TERR

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME PD GONZALEZ, MARIA A

STREET ADDRESS 1540 SW 14TH TERR

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VD STEINBERG, CELIA L

STREET ADDRESS 1632 SW 21ST ST

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME S HERRERO, MARIA C

STREET ADDRESS 11940 SW 132 AVE

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VS GARCIA, LILIANA

STREET ADDRESS 12550 SW 309T

CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

737 MINORCA AVE.
CORAL GABLES, FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LASKAR J. STEINBERG 1/26/99 305 854-6390

Date

Daytime Phone #

0082311

CR2E037 (11/98)