

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12985 (0)

1. Corporation Name

AMERICAN HISPANIC EDUCATORS ASSOCIATION OF DADE  
OR "AHEAD", INC.

Principal Place of Business

Mailing Address

C/O MAGDA M. LECOURS  
611 VELARDE AVENUE  
CORAL GABLES FL 33134

C/O MAGDA M. LECOURS  
611 VELARDE AVENUE  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1986	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2698757	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECOURS, MAGDA  
611 VELARDE AVENUE  
CORAL GABLES FL 33134

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	PD	DELETE <input type="checkbox"/>
NAME	LECOURS, MAGDA	
STREET ADDRESS	611 VELARDE AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	CORPION, CARMEN G.	
STREET ADDRESS	2231 S.W. 83 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	DELETE <input type="checkbox"/>
NAME	PERKINS, CARMEN	
STREET ADDRESS	3115 SW VILLAGE GREEN DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	DELETE <input type="checkbox"/>
NAME	VEGA, MIGDANIA	
STREET ADDRESS	9981 SW 12TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	DELETE <input type="checkbox"/>
NAME	BUTTARI, LILIA	
STREET ADDRESS	15 SAMANA DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETE <input type="checkbox"/>
NAME	TANO, MARIA C.	
STREET ADDRESS	8540 SW 20TH STREET	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (4/97)