

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20265 (7)
1. Corporation Name
HUMAN RESOURCES DEVELOPMENT INSTITUTE, INC.



Principal Place of Business Mailing Address
848 BRICKELL AVE.
SUITE 6122 200
MIAMI FL 33131
848 BRICKELL AVE.
SUITE 6122 200
MIAMI FL 33131

| | | | |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 04/21/1987 | 12/13/1995 |
| 22 City & State | 27 City & State | 4. FEI Number | Applied For |
| 23 Zip | 28 Zip | 59-2836763 | Not Applicable |
| 24 Country | 29 Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 30 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERLIT CORPORATE SERVICES
848 BRICKELL AVE. #200
MIAMI FL 33131

| |
|-------------------------------------------------------|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 | P.D. | 1.1 TITLE | |
| NAME | MORRA, BRIZO B | 1.2 NAME | |
| STREET ADDRESS | APARTADO 960 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | 4050 ALAJUELA, COSTA RICA | 1.4 CITY-ST-ZIP | |
| TITLE | P.D. | 2.1 TITLE | |
| NAME | RAPPACCIOLI, JUAN | 2.2 NAME | |
| STREET ADDRESS | APARTADO 960 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | 4050 ALAJUELA, COSTA RICA | 2.4 CITY-ST-ZIP | |
| TITLE | S.D. | 3.1 TITLE | |
| NAME | ARTAVIA, ROBERTO | 3.2 NAME | |
| STREET ADDRESS | APARTADO 960 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | 4050 ALAJUELA, COSTA RICA | 3.4 CITY-ST-ZIP | |
| TITLE | GM, D | 4.1 TITLE | |
| NAME | LACAYO, DANILO | 4.2 NAME | |
| STREET ADDRESS | APARTADO 960 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | 4050 ALAJUELA, COSTA RICA | 4.4 CITY-ST-ZIP | |
| TITLE | AS | 5.1 TITLE | |
| NAME | BERLEY, DAVID R | 5.2 NAME | |
| STREET ADDRESS | 848 BRICKELL AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 5.4 CITY-ST-ZIP | |
| TITLE | ASS | 6.1 TITLE | |
| NAME | BERLEY, DAVID R. | 6.2 NAME | |
| STREET ADDRESS | 1428 BRICKELL AVENUE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | |

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #