

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # N20265 (7)  
1. Corporation Name

HUMAN RESOURCES DEVELOPMENT INSTITUTE, INC.



Principal Place of Business Mailing Address  
848 BRICKELL AVE. SUITE 200 MIAMI FL 33131  
848 BRICKELL AVE. SUITE 200 MIAMI FL 33131-2915

3. Date Incorporated or Qualified 04/21/1987  
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2836763  
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 Yes 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 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 MORRA, BRIZIO B DELETED  
NAME MORRA, BRIZIO B  
STREET ADDRESS APARTADO 960  
CITY-ST-ZIP 4050 ALAJUELA, COSTA RICA  
TITLE DT RAPPACCIOLI, JUAN DELETED  
NAME RAPPACCIOLI, JUAN  
STREET ADDRESS APARTADO 960  
CITY-ST-ZIP 4050 ALAJUELA, COSTA RICA  
TITLE SD ARTAVIA, ROBERTO DELETED  
NAME ARTAVIA, ROBERTO  
STREET ADDRESS APARTADO 960  
CITY-ST-ZIP 4050 ALAJUELA, COSTA RICA  
TITLE GMD LACAYO, DANILO DELETED  
NAME LACAYO, DANILO  
STREET ADDRESS APARTADO 960  
CITY-ST-ZIP 4050 ALAJUELA, COSTA RICA  
TITLE AS BERLEY, DAVID R DELETED  
NAME BERLEY, DAVID R  
STREET ADDRESS 848 BRICKELL AVE.  
CITY-ST-ZIP MIAMI FL 33131  
TITLE ASS BERLEY, DAVID R DELETED  
NAME BERLEY, DAVID R  
STREET ADDRESS 1428 BRICKELL AVENUE  
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

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 as an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-77-67 361-373-5000  
Date Daytime Phone # 0026847

CR2E037 (9/96)