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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N40733

1. Corporation Name

(0)

TECHNICAL AND PROFESSIONAL CAREERS INSTITUTE, IN



	Mailing Address		ł	
rincipal Place of Business				
718 NW 65 STREET	1718 NW 65 STREET Miami Fl 33147			
MIAMI FL 33147	INITIAL LE COLLE		Date Incorporated or Qualified	3a. Date of Last Report
			11/05/1990	04/14/1995
	2a. Mailing Address		4. FEI Number	Applied For
Principal Place of Business			65-0229690	Not Applicat
	Suite, Apt. #, etc.		5 Continue of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee Required
Circle Chate	City & State		6. Election Campaign Financing	\$5.00 May Be
City & State Minuma	28		Trust Fund Contribution	— Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
1 33 147 25 USA	9 29	30		Yes No
9 Name and Address of	of Current Registered Agent		10. Name and Address of New R	
		81 Name	VADINE Dea	~- SAPTIFE
TAYLOR, MAUREEN		82 Street A	Arldress (P.O. Box Number is Not Acceptab	ile)
1718 N.W. 65TH ST.			IN NIN ES ST	
MIAMI FL 33147		83		
MIMINI I L 33 147		84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
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to the provisions of Sections	617 0502 and 617.1508, Florida Statute	es, the above named co	rporation submits this statement for the pu board of directors. I hereby accept the app	rpose of changing its registered of pointment as registered agent. Lar
or registered agent, or both, in the Sta	te of Florida. Such change was authorize	ed by the corporation's	rporation submits this statement for the pu- board of directors. I hereby accept the app	omment do registrating.
familiar with, and accept the obligation	c of, Section 617.0503, Florida Statutes	fo)	119/96
GNATURE Na dire	istered agent and title if an Modelile. (NO	TE Registered Agent signature re	Eduired when reinstating)	DATE TO STORE IN 10
Signature, typed or printed name of eg	pistered agent end due in orthogen		THE PROPERTY OF THE PROPERTY O	TIATE TICE HS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and uses for qualitative and accurate and that my signature shall have the same legal effect as if made under 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this filing is voluntarily that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certificial that it is true and accurate and that my signature shall have the same legal effect as if made under certificial that it is true and that my signature shall have the same legal effect as if made under certificial that it is true and that my signature shall have the same legal effect as if made under certificial that it is true and that my signature shall have the same legal effect as if made under certificial that it is true and that my signature shall have the same legal effect as if made under certificial that it is true and that my signature shall have the same legal effect as if made under certificial that the inform

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/9b

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