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Mar 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40733 (0)

1. Corporation Name

TECHNICAL AND PROFESSIONAL CAREERS INSTITUTE, INC.

Principal Place of Business

Mailing Address

5615 NW 7TH AVE.  
MIAMI FL 331275615 NW 7TH AVE.  
MIAMI FL 33127-14033. Date Incorporated or Qualified  
11/05/19903a. Date of Last Report  
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 5615 NW 43 ST

26 1718 NW 65 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

27 City &amp; State

23 Miami Florida

28 Miami FL

24 33127

25 USA

29 33147

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEAN-BAPTISTE, NADINE  
1718 N.W. 65TH ST.  
MIAMI FL 33147

81 Name NADINE Jean-Baptiste

82 Street Address (P.O. Box Number is Not Acceptable)

1718 NW 65 Street

83

84 City miami

FL

85 Zip Code 33127

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 VPD  
NAME TAYLOR, GENEIVE  
STREET ADDRESS 1718 NW 65 STREET  
CITY - ST - ZIP MIAMI FL 331471.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE PD  
NAME JEAN-BAPTISTE, NADINE  
STREET ADDRESS 1718 NW 65 ST  
CITY - ST - ZIP MIAMI FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE TD  
NAME HICKS, CANDICE G  
STREET ADDRESS 1718 NW 65 STREET  
CITY - ST - ZIP MIAMI FL 331473.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE S  
NAME TAYLOR, TIFFANY  
STREET ADDRESS 1718 NW 65 STREET  
CITY - ST - ZIP MIAMI FL 331474.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
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.

SIGNATURE:

Nadine Jean-Baptiste

3/17/97

Date

Daytime Phone # 0028577

CP2E037 (9/96)