FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1998 8:00am

Secretary of State

25T 633056

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT #

N40733

(0)

Mailing Address

TECHNICAL AND PROFESSIONAL CAREERS INSTITUTE, IN

8615 NW 7TH AVE. MIAMI FL 33127				1718 N.W. 65 ST. Miami Fl 33147			3. Date Incorporated or Qualified	3. Date Incorporated or Qualified		
mirran (E 0012)			US				11/05/1990			
							4. FEI Number	Applied For		
9 Delevate at F	None of Duning		1 20 14	III.			65-0229690	Not Applicable		
2. Principal Place of Business				2a. Mailing Address			5. Certificate of Status Desired	8.75 Additional Fee Required		
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			6. Election Campaign Financing	5.00 May Be		
22				27				Added to Fees		
City & State				City & State			7. Is this nonprofit corporation a homeowners as	7. Is this nonprofit corporation a homeowners association?		
23			28				Yes 🔼 N	Yes No		
Zip	Country			Zip Country		У	_	6. This corporation owes or has paid the current year Intangible		
24				29 30						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name										
APPARA DIA RIVINA DI ANA DILI INTE										
JEAN-BAPTISTE, NADINE 1718 N.W. 65TH ST.				82 Street Add		Street	t Address (P.O. Box Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)		
	L 33127				83					
						City		Zip Code		
•					84	'	FL ⁸	1 '		
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 egistered agent and tyke it appropriate. (NOTE: Registered Agent signature required when reinstating) Dayle On the signature required when reinstating to the signature required when reinstating the signature required when respectively required when respectively required when respectively required required when respectively required when respectively required re										
12.			AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12		
TITLE	VPD			DELETE	1.1 TITLE		(T.D) Treasure.	Change		
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STREET ADDRESS	1718 NW	65 STREET			1.3 STREE	T ADDRESS	1718 NW 65 STreet Mian FC 33/47			
CITY-ST-ZIP	MIAMI FL	33147			1.4 CITY-	ST-ZIP	Miani FP 33/47			
TITLE	PD			☐ DELETE	2.1 TITLE	D		Change L Addition		
NAME	1	PTISTE, NADINE			2.2 NAME		Jean-BARtiste, NADIN	e		
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NAME		ANDICE G			3.2 NAME		HICKS CANDICE CO.			
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CITY-ST-ZIP TITLE	MIAMI FL 8	33147		TE STATE	3.4. CITY - 4.1 TITLE	_	1 2 2 4 (55)	Change Addition		
NAME	TAYLOR.	TIECANY		, inchine	4. 2 NAME	_	1 / Co o Clamber (12)	onungo		
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-CITY-ST-ZIP		· day			5.4 CITY -		1718 mignin At 33147	1		
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NAME					6.2 NAME		THE THE AN	ninstate		
STREET ADDRESS					6.3 STREE	T ADDRESS	17/8 NW 65 Street 70	Crictain		
CITY-ST-ZIP					6.4 CITY	ST-ZIP	miami fl 33147	2013 17901 ,		

14. I 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.