

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90062 016 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N40733

1. Corporation Name

TECHNICAL AND PROFESSIONAL CAREERS INSTITUTE, INC.

Principal Place of Business

5615 NW 7TH AVE.
MIAMI FL 33127

Mailing Address

1718 N.W. 65 ST.
MIAMI FL 33147
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/05/1990
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0229690
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

JEAN-BAPTISTE, NADINE
1718 N.W. 65TH ST.
MIAMI FL 33127

81 Name **Maureen Taylor**
82 Street Address (P.O. Box Number is Not Acceptable) **1718 NW 65 Street**
83
84 City **Miami** FL 85 Zip Code **33147**

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 **Maureen Taylor** **Maureen Taylor** DATE **1/25/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, GENEVE	1.2 NAME	
STREET ADDRESS	1718 NW 65 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-BAPTISTE, NADINE	2.2 NAME	
STREET ADDRESS	1718 NW 65 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, CANDICE G	3.2 NAME	
STREET ADDRESS	1718 NW 65 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MAUREEN	4.2 NAME	
STREET ADDRESS	1718 NW 65 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMAL	5.2 NAME	
STREET ADDRESS	1718 NW 65 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, TIFFANY	6.2 NAME	
STREET ADDRESS	1718 NW 65 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	6.4 CITY-ST-ZIP	

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, with an other like empowered.

SIGNATURE: **Notarized Signature**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 305-633-058

Date Daytime Phone #

CR2E037 (11/98)