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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



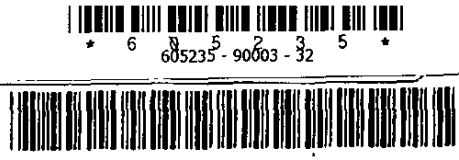
FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N42411**

1. Corporation Name
DADE COUNTY ALLIANCE FOR CAREER EDUCATION, INC.

Principal Place of Business Mailing Address

P.O. BOX 161551 P.O. BOX 101551
 MIAMI FL 33116 MIAMI FL 33116
 US US



2. Principal Place of Business 21 2100 W 76 STREET Suite, Apt. #, etc. 22 SUITE 211 City & State 23 HIALEAH, FL Zip 24 33016	2a. Mailing Address 26 2100 W 76 STREET Suite, Apt. #, etc. 27 SUITE 211 City & State 28 HIALEAH, FL Zip 29 33016	3. Date Incorporated or Qualified 03/08/1991	4. FEI Number 65-0299844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent MATUSOW, LEWIS C 13002 S.W. 112TH PLACE MIAMI FL 33176	10. Name and Address of New Registered Agent 81 Name ROBERT K CHANEY CPA 82 Street Address (P.O. Box Number is Not Acceptable) 2100 W 76 STREET SUITE 211 83 84 City HIALEAH FL 85 Zip Code 33016
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	COBO, FRANK J	1.1 TITLE PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7441 S.W. 125TH AVE.		1.2 NAME LAURA JONK	
CITY-STATE-ZIP MIAMI FL 33183-3504		1.3 STREET ADDRESS 7205 GLEN EAGLE DRIVE	
TITLE SD	MINCEY-MILLS, DENISE	1.4 CITY-STATE-ZIP MIAMI LAKES FL 33014	
STREET ADDRESS 2500 S.W. 3RD AVE.		2.1 TITLE SECRETARY / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP MIAMI FL 33129		2.2 NAME SUSAN OVERSTREET	
TITLE D	MOONEY, JOHN W	2.3 STREET ADDRESS 7333 MIAMI LAKES DRIVE	
STREET ADDRESS 9425 S.W. 124TH PLACE		2.4 CITY-STATE-ZIP MIAMI LAKES FL 33014	
CITY-STATE-ZIP MIAMI FL 33186		3.1 TITLE TREASURER / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	MATUSOW, LEWIS C	3.2 NAME ROBERT K. CHANEY	
STREET ADDRESS 13002 S.W. 112TH PLACE		3.3 STREET ADDRESS 2100 W 76 STREET SUITE 211	
CITY-STATE-ZIP MIAMI FL 33176		3.4 CITY-STATE-ZIP HIALEAH, FL 33016	
TITLE D		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-STATE-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-STATE-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-STATE-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

4. 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 all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 (305) 825-6286
 Date Date/Phone #

CR2E037 (11/98)