

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N42610** (8)

1. Corporation Name

HISPANIC EDUCATIONAL SYSTEM, INC.

95 MAR 13 AM 11:09

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2063 SW 69 CT MIAMI FL 33155 US		2063 SW 69 CT MIAMI FL 33155 US	

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3. Date Incorporated or Qualified	03/21/1991	3a. Date of Last Report	04/11/1994
4. FEI Number	65-0249232	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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

RIVERA, BLANCA D
9471 SW 15TH ST
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
BLANCA D. VALEDON

82 Street Address (P.O. Box Number is Not Acceptable)
5525 SARDINIA ST

83

84 City
CORAL GABLES FL 85 Zip Code
33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *March 7/95*

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALEDON, VINCENT
STREET ADDRESS	9471 SW 15 ST
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	BARRERA, HERNAN
STREET ADDRESS	6440 SW 130 CT #404
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	JIMENEZ, EDUARDO
STREET ADDRESS	9201 SW 105 ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	RIVERA, BLANCA D
STREET ADDRESS	9471 SW 15 ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	JIMENZ, ENITH
STREET ADDRESS	9201 SW 105 ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BARRERA, MICHELLE
STREET ADDRESS	6440 SW 130 CT #404
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VINCENT VALEDON	
1.3 STREET ADDRESS	5525 SARDINIA ST	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERNAN BARRERA	
2.3 STREET ADDRESS	15591 SW 105 TERRACEAPT # 525	
2.4 CITY-ST-ZIP	MIAMI, FL 33196	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BLANCA D. VALEDON	
4.3 STREET ADDRESS	5525 SARDIIA ST	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MICHELLE BARRERA	
6.3 STREET ADDRESS	15591 SW 105 TERRACE APT # 525	
6.4 CITY-ST-ZIP	MIAMI, FL 33196	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this corporation or its 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: *[Signature]* DATE: FEB 22/95 (305) 266-7910