


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42610 (8) 1. Corporation Name HISPANIC EDUCATIONAL SYSTEM, INC.			
Principal Place of Business 2863 SW 69 CT MIAMI FL 33155 US		Mailing Address 2863 SW 69 CT MIAMI FL 33155-2829 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 03/21/1991		3a. Date of Last Report 08/14/1996	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent VALEDON, BLANCA D 5525 SARDINIA STREET CORAL GABLES FL 33146		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALEDON, VINCENT	1.2 NAME	
STREET ADDRESS	5525 SARDINIA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRERA, HERNAN	2.2 NAME	VD
STREET ADDRESS	15591 SW 105TH TERRACE, APT. 525	2.3 STREET ADDRESS	BARRERA, HERNAN
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	15853 SW 71 ST MIAMI FL 33193
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, EDUARDO	3.2 NAME	
STREET ADDRESS	9201 SW 105 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALEDON, BLANCA D	4.2 NAME	
STREET ADDRESS	5525 SARDINIA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENZ, ENITH	5.2 NAME	D
STREET ADDRESS	9201 SW 105 ST	5.3 STREET ADDRESS	JIMENEZ, ENITH
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	9201 SW 105 ST MIAMI FL 33176
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRERA, MICHELLE	6.2 NAME	D
STREET ADDRESS	15591 SW 105TH TERRACE, APT 525	6.3 STREET ADDRESS	BARRERA, MICHELLE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	15853 SW 71 ST MIAMI FL 33193

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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

APRIL 15, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031063

CR2E037 (9/96)