

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

07-23-1999 90003 003 ****70.00

DOCUMENT # **N42610**

1. Corporation Name

HISPANIC EDUCATIONAL SYSTEM, INC.

Principal Place of Business

7205 SW 125 AVE
MIAMI FL 33183
US

Mailing Address

7205 SW 125 AVE
MIAMI FL 33183
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/21/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0249232	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUIZ, ANDRES I
8385 SW 165 TERR
MIAMI FL 33157

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	1.1 TITLE	
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	2.1 TITLE	VD
NAME	BARRERA, HERNAN	2.2 NAME	JOSE VICTOR DUGAND
STREET ADDRESS	15853 S.W. 71 ST.	2.3 STREET ADDRESS	13903 SW 62 TERR
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33183
TITLE	TD	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	D
NAME	JIMENEZ, ENITH	5.2 NAME	ANDRES I. RUIZ
STREET ADDRESS	9201 S.W. 105 ST.	5.3 STREET ADDRESS	8385 SW 165 TERR
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	D	6.1 TITLE	
NAME	BARRERA, MICHELLE	6.2 NAME	
STREET ADDRESS	15853 S.W. 71 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 all other like empowered.

SIGNATURE:

ANDRES RUIZ

7/9/99

(305)273-0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (5/99)

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