

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46004** (0)

1. Corporation Name
THE DOMINICAN REPUBLIC EDUCATIONAL FOUNDATION, INC.



Principal Place of Business Mailing Address
2885 TAMIAMI TRAIL PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified **11/14/1991** 3a. Date of Last Report **10/13/1995**

2. Principal Place of Business 2a. Mailing Address
21 **2885 Tamiami Tr** 26 **2885 Tamiami Tr**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State **Port Charlotte FL** 28 **Port Charlotte FL**
24 Zip **33952** 25 Country 29 **33952** 30 Country

4. FEI Number **65-0312533** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GIL, RAMON A.
2885 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952**

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, 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]* 2/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIL, RAMON A.	
STREET ADDRESS	2885 TAMIAMI TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARIZA, JOSE DEL CARMEN	
STREET ADDRESS	1715 22ND STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUERRERO, FIRPO E.	
STREET ADDRESS	70 ADAMS STREET # 7	
CITY-ST-ZIP	NEWARK NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CERDA, RIGOBERTO	
STREET ADDRESS	P.O. BOX 38	
CITY-ST-ZIP	GILLETTE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROUCH, LUIS A.	
STREET ADDRESS	P.O. BOX 12194	
CITY-ST-ZIP	RESEARCH TRI. PK NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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.

SIGNATURE: *[Signature]* 2/5/96 (813)629-6829
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)