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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49499** **(9)**

1. Corporation Name

FLORIDA ASSOCIATION OF TEACHERS OF ENGLISH TO SP EAKERS OF OTHER LANGUAGES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6930 SW 23RD ST MIAMI FL 33155 US	P O BOX 970713 MIAMI FL 33197 US

3. Date Incorporated or Qualified: 06/23/1992

3a. Date of Last Report: 05/01/1994

4. FEI Number: ~~65-0314072~~ 65-0348704 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6001 S.W. 16th CT.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PLANTATION, FL	28 City & State
24 Zip: 33317 25 Country: U.S.A.	29 Zip 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUBIN, CHARLES D. 9100 SOUTH DADELAND BLVD. SUITE 1707 MIAMI FL 33156	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	MENENDEZ, MAYRA	12 NAME	AGUIRRE, NILDA
STREET ADDRESS	6930 SW 23RD ST.	13 STREET ADDRESS	6001 S.W. 16th CT.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	AGUIRRE, NILDA	22 NAME	ELIZABETH WIEGANDT
STREET ADDRESS	6001 SW 16TH CT	23 STREET ADDRESS	11361 S.W. 144 AVE.
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	DIAZ, MARY	32 NAME	
STREET ADDRESS	P. O. BOX 57375 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33257	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	MEISTRELL, SONJA	42 NAME	
STREET ADDRESS	19931 GULFSTREAM RD.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Sonja Meistrell 3-22-95 (305) 232-3534
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0048337