SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	N94000001327	(5)	
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PROGRAMA EDUCACIONAL DE TUTORIA, INC.

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Principal Place of I	Business	Mailing Address						
1561 N. CHICKAS		P.O. BOX 677969 ORLANDO FL 328						
ORLANDO FL 328 US	0 <b>6</b> 0	US	N/ 1400			3. Date incorporated or Qualified 03/14/1994		of Last Report 05/01/1995
2. Principal Place	e of Business	2a. Mailing Addres	55			4. FEI Number		Applied For
21		26				59-3232125		Not Applicable
Suite, Apt. #, e	atc	Suite, Apt. #, e	etc.			5. Certificate of Status Desired	П	\$8.75 Additional Fee Required
22	······	27						
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
23		28 Z <sub>I</sub> p		Country		8. This corporation has liability for in	ntangible ta	
Zip	Country	29	30	Country		Florida Statutes		No
24]	9. Name and Address of Curre		1301			10. Name and Address of New Reg	pistered Ag	jent
	3. Hallie Elle Addises of Carr			81	Name			
PRIMENTE	el, huberto			82	Street Add	dress (P.O. Box Number is Not Acceptable	le)	<del></del>
	CHICKASAW TRAIL			92	Street Add	area ( 10. Box ( area) is 1307 to opinion	,	
	O FL 32823			83				
0,,51,51				84	City		FL	85 Zip Code
						and a submitted this statement for the su		panding its registered
11. Pursuant to the office or regis	the provisions of Sections 617.00 interest appears or both, in the State	502 and 617, 1508, Florida	a Statutes, th	rized but	the gornoral	poration submits this statement for the pution's board of directors. I hereby accept	the appoin	tment as registered
agent I am f	familiar with, and accept the obli	ite of Florida. Such changi ligations of, Section 617.0	je was author 503, Florida	Statutes.	ine corporat	poration submits this statement for the pution's board of directors. I hereby accept		
CICMATURE		igations of, Section 617.0	503, Florida	Statutes.		ired when reinstating)	DATE	
CIGNATURE	phature, typed or printed name of registered a	igations of, Section 617.0	503, Florida	Statutes.			DATE	DIRECTORS IN 12
SIGNATURE	phature, typed or printed name of registered a	igations of, Section 617.0 agent and title it applicable AND DIRECTORS	503, Florida	Statutes		ired when reinstating)	DATE	
SIGNATURE	prature, typed or printed name of registered of OFFICERS APD SANCHEZ, MARCIANO	igations of, Section 617.0: agent and title if applicable AND DIRECTORS	(NOTE Reg	Statutes.		ired when reinstating)	DATE	DIRECTORS IN 12
SIGNATURE SIGNATURE	opature, typed or printed name of registered to OFFICERS A PD SANCHEZ, MARCIANO 4801 TIFFANY WOODS C	igations of, Section 617.0: agent and title if applicable AND DIRECTORS	(NOTE Reg	Statutes.  gistered Age  13.	ent signature requ	ired when reinstating)	DATE	DIRECTORS IN 12
SIGNATURE SIGNATURE  12. TITLE NAME	PD SANCHEZ, MARCIANO 4801 TIFFANY WOODS COVIEDO FL	agent and site if applicable AND DIRECTORS  DEI  DEI  CIRCLE	(NOTE Reg	Statutes.  9istered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 City-S	ADDRESS	ired when reinstating)	DATE	DIRECTORS IN 12  Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS	PD SANCHEZ, MARCIANO 4601 TIFFANY WOODS COVIEDO FL	agent and site if applicable AND DIRECTORS  DEI  DEI  CIRCLE	(NOTE Reg	Statutes.  pistered Age 13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 City-S 2.1 TITLE	ADDRESS	ired when reinstating)	DATE	DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, MARCIANO 4801 TIFFANY WOODS COVIEDO FL.	agent and title if applicable AND DIRECTORS  DEI  DEI  DE	(NOTE Reg	Statutes.  pistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	and signature required	ired when reinstating)	DATE	DIRECTORS IN 12  Change Addition
SIGNATURE  12. TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE	PD SANCHEZ, MARCIANO 4601 TIFFANY WOODS COVIEDO FL.  VD PEREZ, HILDA 1126 PHEASANT CIRCLE	agent and title if applicable AND DIRECTORS  DEI  DEI  DE	(NOTE Reg	Statutes.  pistered Age 13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 City-S 2.1 TITLE	and signature required	ired when reinstating)	DATE	DIRECTORS IN 12  Change Addition
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SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

(407) 678 - 7746

(407) 678 - 7746

Daytime Prone #

D NOCHWELL BUG 1840 BLONG BONG BONG BONG BONG BONG BONG HORD 1970 HARD 1880 1881 1881 1881