

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001327 (5)**

1. Corporation Name

PROGRAMA EDUCACIONAL DE TUTORIA, INC.

Principal Place of Business

Mailing Address

1561 N. CHICKSAW TRAIL
ORLANDO FL 32823
US

P.O. BOX 677969
ORLANDO FL 32867-7969
US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
03/14/1994	Not Applicable
4. FEI Number	
59-3232125	
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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Pimentel,
PRIMENTEL, HUBERTO
1561 N. CHICKSAW TRAIL
ORLANDO FL 32823

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, MARCIANO	
STREET ADDRESS	4601 TIFFANY WOODS CIRCLE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEREZ, HILDA	
STREET ADDRESS	1126 PHEASANT CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VELEZ ELIZABETH	
STREET ADDRESS	6189 RHYTHM CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADORNO, CARMEN	
STREET ADDRESS	2013 TROPIC BAY COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	J	<input type="checkbox"/> DELETE
NAME	Jose L. Castano	
STREET ADDRESS	7902 Virginia Pine Ct.	
CITY-ST-ZIP	Orlando, Fl. 32825	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Tracey Dixon	
STREET ADDRESS	4212 Shore Crest Dr.	
CITY-ST-ZIP	Orlando, Fl. 32804	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sara Lomonaco	
1.3 STREET ADDRESS	9249 Spring Vale Dr.	
1.4 CITY-ST-ZIP	Orlando, Fl. 32825	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Arlene Pimentel	
2.3 STREET ADDRESS	1021 Cutoff Branch Ct	
2.4 CITY-ST-ZIP	Dvideo, Fl. 32765	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Huberto Pimentel	
3.3 STREET ADDRESS	1021 Cutoff Branch Ct.	
3.4 CITY-ST-ZIP	Dvideo, Fl. 32765	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Janice Sizemore	
4.3 STREET ADDRESS	2419 -2 Coach House Blvd.	
4.4 CITY-ST-ZIP	Orlando, Fl. 32812	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dr. Danufa Deeb	
5.3 STREET ADDRESS	621 Wilkinson St.	
5.4 CITY-ST-ZIP	Orlando, Fl. 32803	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Palan Spence	
6.3 STREET ADDRESS	P.O. Box 1737	
6.4 CITY-ST-ZIP	Winter Park, Fla. 32790	

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.

SIGNATURE: 

4/05/98

CR2E037 (10/97)