

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-23-1999 90145 019 \*\*\*\*61.25

DOCUMENT # N94000001327

1. Corporation Name

PROGRAMA EDUCACIONAL DE TUTORIA, INC.

Principal Place of Business  
1561 N. CHICKASAW TRAIL  
ORLANDO FL 32823  
US

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/14/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3232125

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIMENTEL, HUBERTO  
1561 N. CHICKASAW 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. SIGNATURE OF OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SANCHEZ, MARCIANO  
STREET ADDRESS 4601 TIFFANY WOODS CIRCLE  
CITY-ST-ZIP OVIEDO FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME PEREZ, HILDA  
STREET ADDRESS 1126 PHEASANT CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME LOMONACO, SARA  
STREET ADDRESS 9249 SPRING VALE DR  
CITY-ST-ZIP ORLANDO FL 32825

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ADORNO, CARMEN  
STREET ADDRESS 2013 TROPIC BAY COURT  
CITY-ST-ZIP ORLANDO FL 32807

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME CASTANO, JOSE L.  
STREET ADDRESS 7902 VIRGINIA PINE CT  
CITY-ST-ZIP ORLANDO FL 32825

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME DIXON, TRACEY  
STREET ADDRESS 4212 SHORE CREST DR  
CITY-ST-ZIP ORLANDO FL 32804

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98