

# 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 # N94000002875 (2)**

1. Corporation Name

**INSTITUTE OF COMMERCIAL STUDIES, INC.**



Principal Place of Business

Mailing Address

**994 SW 1ST STREET  
MIAMI FL 33130**

**994 SW 1ST STREET  
MIAMI FL 33130**

2. Principal Place of Business

2a. Mailing Address

**21 3990 West Flagler St**

**26 3990 West Flagler St.**

Suite, Apt. #, etc.

**#100**

Suite, Apt. #, etc.

**#100**

City & State

**23 Miami, Florida**

City & State

**28 Miami, Florida**

Zip

**24 33134**

Country

**25 Dade**

Zip

**29 33134**

Country

**30 Dade**

9. Name and Address of Current Registered Agent

**RODRIGUEZ, HILDA  
414 ARAGON AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**N/A**

**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** ☐ DELETE  
**NAME SABINES, LUIS**  
**STREET ADDRESS 1430 W. FLAGLER STREET**  
**CITY - ST - ZIP MIAMI FL 33125**

**TITLE VD** ☐ DELETE  
**NAME GASCA, HECTOR**  
**STREET ADDRESS 414 ARAGON AVENUE**  
**CITY - ST - ZIP CORAL GABLES FL 33134**

**TITLE STD** ☐ DELETE  
**NAME RODRIGUEZ, HILDA**  
**STREET ADDRESS 414 ARAGON AVENUE**  
**CITY - ST - ZIP CORAL GABLES FL 33134**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY - ST - ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY - ST - ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY - ST - ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY - ST - ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY - ST - ZIP**

**6.1 TITLE** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/96

Date

(305) 443-9170

Daytime Phone #

CR2E037 (12/95)