

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 16 PM 1:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000001364 (7)

1. Corporation Name

PUENTE EDUCATIONAL INSTITUTE, INC.



Principal Place of Business

Mailing Address

~~2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133~~

~~2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133-5413~~

3. Date Incorporated or Qualified
03/21/1995

3a. Date of Last Report
09/04/1996

2. Principal Place of Business

2a. Mailing Address

21 701 Brickell Ave.
Suite, Apt. #, etc. Ste. 2150

26 701 Brickell Ave.
Suite, Apt. #, etc. Ste. 2150

22 City & State Miami, FL

27 City & State Miami, FL

23 Zip 33131 Country U.S.A.

28 Zip 33131 Country U.S.A.

4. FEI Number
65-0566284

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

~~GUTIERREZ, NICOLAS J JR
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133~~

81 Name Gutierrez Jr, Esq., Nicolas J.
82 Street Address 701 Brickell Ave.
83 Ste. 2150
84 City Miami FL 85 Zip Code 33131

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 *Nicolas J. Gutierrez Jr, Esq.* *Nicolas J. Gutierrez Jr, Esq., Registered Agent 4/18/97*
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 ☐ DELETE
NAME SANCHEZ-ABALLI, JR., RAFAEL J
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 800
CITY-ST-ZIP MIAMI FL 33131

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

TITLE DV ☐ DELETE
NAME RODRIGUEZ, ERIC A
STREET ADDRESS 401 OCEAN BLVD., SUITE 824
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE DST ☐ DELETE
NAME GUTIERREZ, NICOLAS J JR
STREET ADDRESS ~~2601 S. BAYSHORE DRIVE, SUITE 1600~~
CITY-ST-ZIP ~~MIAMI FL 33133~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 701 Brickell Ave., Ste. 2150
3.4 CITY-ST-ZIP Miami, FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: *Nicolas J. Gutierrez Jr, Esq.* *D/S/T (615) 373-0390*
Signature typed or printed name of signor officer or director Date Daytime Phone # 0026764

CR2E037 (9/96)