

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 APR 28 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001364 (7)

1. Corporation Name

PUEnte EDUCATIONAL INSTITUTE, INC.



Principal Place of Business

Mailing Address

~~701 BRICKELL AVE., SUITE 2150~~  
MIAMI FL 33131

~~701 BRICKELL AVE., SUITE 2150~~  
MIAMI FL 33131

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number

65-0566284

Applied For

Not Applicable

2. Principal Place of Business

21 1101 Brickell Ave.  
Suite, Apt. #, etc. Ste. 1400

2a. Mailing Address

26 1101 Brickell Ave.  
Suite, Apt. #, etc. Ste. 1400

22 City & State

23

27 City & State

28

24 Zip

Country

25

29 Zip

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTIERREZ, JR., NICOLAS J ESO  
~~701 BRICKELL AVE., SUITE 2150~~  
MIAMI FL 33131

81 Name

82

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

83

84

1101 Brickell Ave.  
Ste. 1400

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

Nicolas J. Gutierrez, Jr., Reg. Agent

4/11/98

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

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

TITLE ~~DP~~ ☐ DELETE

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

TITLE ~~DST~~ ☐ DELETE

NAME GUTIERREZ, NICOLAS J JR  
STREET ADDRESS ~~701 BRICKELL AVE., SUITE 2150~~  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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: Nicolas J. Gutierrez, Jr., Reg. Agent 4/11/98 (315) 375-7220

CR2E037 (10/97)