

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000001364

1. Corporation Name

PUEENTE EDUCATIONAL INSTITUTE, INC.

99 MAY -3 AM 10:43

Principal Place of Business
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVE STE 1400
MIAMI FL 33131



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0566284	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8	
Country		Country		5. Certificate of Status Desired	
25		30		6	
Country		Country		6. Election Campaign Financing	
26		31		Trust Fund Contribution	
Country		Country		8.75 Additional Fee Required	
27		32		5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City		84 City	
FL		FL	
85 Zip Code		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 _____ DATE _____
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	
11 TITLE		11 TITLE	
12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	
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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: Nicolas J. Gutierrez, Jr., Esq., Pres. 4/7/99 (35) 975-0330

0029573

CR2E037 (11/98)