


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004810 (5) 1. Corporation Name SILVIA'S SCHOOL, INC.			
Principal Place of Business 7091 W. 14TH COURT HIALEAH FL 33014		Mailing Address 7091 W. 14TH COURT HIALEAH FL 33014-4519	
2. Principal Place of Business 21 7091 W. 14th Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.	
22 City & State 23		27 City & State 28	
24 Zip 25 Country		29 Zip 30 Country	
9. Name and Address of Current Registered Agent ARRASTIA, SILVIA 7091 W. 14TH COURT HIALEAH FL 33014			
10. Name and Address of New Registered Agent 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City 35 Zip Code FL			
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 Silvia Arrastia DATE 4/21/97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres. <input type="checkbox"/> DELETE NAME Arrastia STREET ADDRESS 14341 Ardoch Pl. CITY-ST-ZIP Miami Wk. Fl. 33016		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME Ben Aguirre STREET ADDRESS 14779 Glencarmen Rd. CITY-ST-ZIP Miami Wk. Fl. 33016 V-Pres		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME Maria Bella Alejandro STREET ADDRESS 203 4th Ave Unit 111-C CITY-ST-ZIP Aventura, Fl. 33180 Sec. Treas		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE: **Silvia Arrastia** **4/21/97** **305-888-9257**
FILING FEE REQUIRED

CR2E037 (9/96)