

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005124 (0)
 1. Corporation Name
TRAINING INSTITUTE OF FLORIDA/APC, INC.



Principal Place of Business 2017 WEST 62ND ST HIALEAH FL 33016	Mailing Address 2017 WEST 62ND ST HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report N/A
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 69-0580238	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALFIE, MIGUEL 2017 WEST 62ND ST HIALEAH FL 33016		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
	85. Zip Code		

11. Pursuant to the provisions of Sections 617.0503 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]* **MIGUEL ALFIE, DIRECTOR** **9-3-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GUERRA, AUGUSTO V	1.2 NAME	D ESTEBAN LOPEZ BLANCO
STREET ADDRESS	14435 SHERMAN WAY STE 208	1.3 STREET ADDRESS	14435 SHERMAN WAY STE 208
CITY-ST-ZIP	VAN NUYS CA 91405	1.4 CITY-ST-ZIP	VAN NUYS CA 91405
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	REGIONAL DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ALFIE, REBECA	2.2 NAME	MIGUEL ALFIE VOID
STREET ADDRESS	4423 ALTON ROAD	2.3 STREET ADDRESS	4423 ALTON RD
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	MIAMI BEACH - FL. 33140
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ALFIE, MIGUEL	3.2 NAME	ALFIE, REBECA
STREET ADDRESS	4423 ALTON ROAD	3.3 STREET ADDRESS	4423 ALTON RD. VOID
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	MIAMI BEACH FL. 33140
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *[Signature]* **MIGUEL ALFIE** **9-15-97**

CR2E037 (4/97)