FILE NOW: FILING FEE IS $61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # N96000005752 (8)

1. Corporation Name

THE JOBS AND EDUCATION PARTNERSHIP REGIONAL BOAR D OF DADE AND MONROE COUNTIES (JEP) INCORPORATED

Principal Place of Business	Mailing Address
3403 N.W. 82ND AVENUE SUITE 300 MIAMI FL 33122	3403 N.W. 82ND AVENUE SUITE 300 MIAMI FL 33122-1063

3. Date Incorporated or Qualified: 11/04/1996

3a. Date of Last Report: 1-22-96

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [X] **$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

ALFANO, JOSEPH MR.
3403 N.W. 82ND AVENUE
SUITE 300
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 _____ Joseph Alfano _____
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	DC	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	IVORY, WILLIE MR		1.2 NAME		
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-ST-ZIP		
TITLE	DVC	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	KRAUSER, FRANK MR		2.2 NAME		
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		2.4 CITY-ST-ZIP		
TITLE	DVC	[ ] DELETE	3.1 TITLE	MVC	[X] Change [ ] Addition
NAME	WAITE, BRUCE DR		3.2 NAME		
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		3.4 CITY-ST-ZIP		
TITLE	DS	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	VEGA, MANUEL MR		4.2 NAME		
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		4.4 CITY-ST-ZIP		
TITLE	DT	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	HALL, CYNTHIA MS.		5.2 NAME		
STREET ADDRESS	3403 N.W. 82ND AVE, STE 300		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: _____ Willie Ivory, Chairman _____ 1/15/97