

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90013 006 ****70.00

DOCUMENT # N96000006528

1. Corporation Name

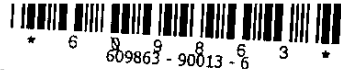
ALTERNATIVE EDUCATION FOUNDATION, INC.

Principal Place of Business

8925 GRAND CANAL DR.
MIAMI FL 33174

Mailing Address

8925 GRAND CANAL DR.
MIAMI FL 33174



2. Principal Place of Business

21 2825 GRANADA BLVD

2a. Mailing Address

26 2825 GRANADA BLVD

Suite, Apt. #, etc.

22 APT 2B

Suite, Apt. #, etc.

27 APT 2B

City & State

23 CORAL GABLES FLA

City & State

28 CORAL GABLES FLA

Zip

24 33134

Country

Zip

29 33134

Country

30

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

65-0863945

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ARANGO, RUBEN C
8925 GRAND CANAL DR.
MIAMI FL 33174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ARANGO, RUBEN C
STREET ADDRESS 8925 GRAND CANAL DR.
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

TITLE DV
NAME SANCHEZ, JUAN C
STREET ADDRESS 8925 GRAND CANAL DR.
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

TITLE DS
NAME MIYARES, CARLOS J
STREET ADDRESS 8925 GRAND CANAL DR.
CITY-ST-ZIP MIAMI FL 33174

☒ DELETE

TITLE D
NAME TORRES, CARLOS A
STREET ADDRESS 8925 GRAND CANAL DR.
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

TITLE D
NAME HERNANDEZ-PEREZ, ARELYS
STREET ADDRESS 8925 GRAND CANAL DR.
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

TITLE D
NAME ARANGO, MARIA C
STREET ADDRESS 8925 GRAND CANAL DR.
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME ARANGO, RUBEN C
1.3 STREET ADDRESS 8925 GRAND CANAL DR.
1.4 CITY-ST-ZIP MIAMI, FLA 33134

☒ Change ☐ Addition

2.1 TITLE SDV
2.2 NAME SANCHEZ, JUAN
2.3 STREET ADDRESS 7322 MIAMI LAKESWAY SOUTH
2.4 CITY-ST-ZIP MIAMI, FLA 33014

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE DS
4.2 NAME TORRES, CARLOS
4.3 STREET ADDRESS 7322 MIAMI LAKESWAY SOUTH
4.4 CITY-ST-ZIP MIAMI, FLA 33014

☒ Change ☐ Addition

5.1 TITLE D
5.2 NAME HERNANDEZ-PEREZ, ARELYS
5.3 STREET ADDRESS 7322 MIAMI LAKESWAY SOUTH
5.4 CITY-ST-ZIP MIAMI, FLA 33014

☒ Change ☐ Addition

6.1 TITLE D
6.2 NAME ARANGO, MARIA C
6.3 STREET ADDRESS 8925 GRAND CANAL DR.
6.4 CITY-ST-ZIP CORAL GABLES, FLA 33134

☒ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/99 (305) 445-6045

CR2E037 (5/99)