

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000077056  
 1. Entity Name  
 ISTI EDUCATIONAL INCORPORATED



Principal Place of Business: C/O RICARDO J. SOUTO, ESQ, 201 S BISCAYNE BLVD STE 1500, MIAMI, FL 33131  
 Mailing Address: C/O RICARDO J. SOUTO, ESQ, 201 S BISCAYNE BLVD STE 1500, MIAMI, FL 33131



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 05-0556813 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION COMPANY OF MIAMI  
 1600 MIAMI CENTER, SUITE 1500 (RIS)  
 201 S BISCAYNE BLVD  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000076346  
 03/04/04-80024-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSE V 201 S. BISCAYNE BLVD STE 1500 (RIS) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PIEDRAS, JUAN A 201 S BISCAYNE BLVD., STE 1500 (RIS) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEMBRENO, BENJAMIN T 201 S. BISCAYNE BLVD., STE 1500 (RIS) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: Jose Velasco Perez, Director 1/20/04 305 358 6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #