FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

946 SW B2ND AVE

MIAMI FL 33144

21

(1)

Mailing Address 2100 M ST

WASHINGTON DC 20037-1207

Suite, Apt. #, etc.

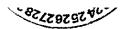
Mailing Address 1133 20th St., N.W.

STE 602

LULAC NATIONAL EDUCATIONAL SERVICE CENTERS, INC.

City & State City & State City	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5	Certificate of Status De	sired			Additional equired	
Added to Fees 20	City & State				27 Ste. 750					-	Floation Compaign Fin	nnoina			<u> </u>	
Z/P Country Z/P	· 				├ ๆ					"		~				
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address (P.O. Box Number is Not Acceptable) 9. Sireet Address (P.O. Box Number is Not A			Country	- 201						-						
MARTINEZ, LETTY 946 SW 82ND AVE MIAMI FL 33144 *** *** *** *** *** ** ** **	·	├-¬ ′			h-n " h-			n·· ,		"						
MARTINEZ, LETTY 946 SW 82ND AVE MIAMI FL 33144 11. Fursuant to the provisions of Sections 617 0502 and 617 1506, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its 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 faulture with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE S								T UABARA								
946 SW 82ND AVE MIANN FL 33144 183 184 City FL 85 Ci																
946 SW 82ND AVE MIANN FL 33144 183 184 City FL 85 Ci	MARTINI		\													
MIAMI FL 33144 11. Fursions of Socions 617 0502 and 617 1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agont, or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agont, arm familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. CROBLES, BELEN 10. DELETE 11. TITLE 12. NAME 13. SIRRET ADDRESS 13. SIRRET ADDRESS 14. OHY-ST-2P 11. TITLE 12. NAME 13. SIRRET ADDRESS 14. OHY-ST-2P 11. TITLE 12. VD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OHY-ST-2P 15. Change Addition 16. Change Addition									Street Address (P.O. Box Number is Not Acceptable)							
The composition of the provisions of Socions 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, tan animiar with, and accept the obligations of, Section 617,0503, Florida Statutes. Signat furity		•	ţ	83					······································							
TI. Pursuant to the provisions of Socions 617 0502 and 517 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered often or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered often or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered often or registered agent, and accept the obligations of, Saccion 617 0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DC DELETE 1.1 TITLE NAME ROBLES, BELEN 1.2 NAME 1.3 SIRRET ADDRESS 1.3 STRET ADDRESS 1.4 CHY-ST-2P TITLE VD D C Change Addition SIRRET ADDRESS 1.4 CHY-ST-2P Phoenix, AZ 85004 TITLE SD ATLANTA GA 30301 2.4 CHY-ST-2P Phoenix, AZ 85004 TITLE TD Change Addition SIRRET ADDRESS TUCSON AZ 1.4 CHY-ST-2P TITLE DD C Change Addition AS SIRRET ADDRESS TUCSON AZ 1.4 CHY-ST-2P SIRRET ADDRESS TUCSON AZ 1.4 CHY-ST-2P SAN ANTONIO TX 78204 TITLE DD C Change Addition AS SIRRET ADDRESS TUCSON AZ 1.4 CHY-ST-2P SAN ANTONIO TX 78204 1.5 CHY-ST-2P SAN A	tukum r 6 VV (77								- C:						0.1.	
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Signature Signature Signature Income I	office or re agent. Lar	egistered ag m familiar wi	jent, or both, in the Sta ith, and accept the obl	ite of Flor. ligations (rida. Such el of. Section 6	hange was a 317 0503. Flo	uthorizec rida Stati	d by utes.	the corp	oration's	board of directors. I here	by acce	opt the app	ointment as	registered	
Content Cont																
THILE	Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE															
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NAME GARCIA, ANGIE 4.2 NAME Dolores Guerrero STREET ADDRESS 214 DWYER STE. 205 4.3 STREET ADDRESS 4800 Lamonte, # 311 CITY-ST-ZIP SAN ANTONIO TX 78204 14.4 CITY-ST-ZIP Houston, TX 77092 TITLE DD Change Addition NAME MORALES, CHEVO 52 NAME Hector Flores STREET ADDRESS P O BOX 3174 53 STREET ADDRESS 1030 Tracy CITY-ST-ZIP LUBBOCK TX 54 CITY-ST-ZIP Dunc,ansville, TX 75137 TITLE DELETE 61 TITLE 100 00 2 1 20 4 Change Addition			II AL		<u> </u>	DELETE				TD				Change	Addition	
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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	 14. I do heret informatio 	by certify tha Indicated	it the information supp on this annual report c	lied with to or suppler	this filing do mental annu	es not qualif al report is tr	y for the 'ue and a	exer	nption st rate and	tated in S I that my s	section 119.07(3)(i), Floric signature shall have the s	ia Statuti ame leo	es. I furthe al effect a	r certify that s if made un	tne ider 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.	I am an of appears i	fficer or dire in Block 12 c	ctor of the corporation or Block 13 if changed	or the re-	ceiver or tru attachmen	stee empow	ered to e lress.	xeçı	ute this re	eport as i	required by Chapter 617	Florida	Statutes, a	ind that my	name	

FILED Mar 20 1997 8:00am Secretary of State



3a. Date of Last Report

08/05/1996

Applied For

\$8.75 Additional

Not Applicable



3. Date Incorporated or Qualified 05/24/1990

23-7262876

Date

Daytime Phone # 0075312

4. FEI Number