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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000059487

EDUCATION MANAGEMENT SYSTEMS, INC.

	the property of				•						
Principal Plac	e of Business	Mail	ing Address				-	<b>eu</b> l 41 <b>0 izion</b> 711): <b>00</b> 714 <b>4</b>	Olif bolfi bala	LOUGHE FERTIL DIRE	D) 18161 1881 1881
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SUITE 406 SUITE 406							DO NOT MO	TE 181 TIME	CDACE		
MIAMI FL 33143 MIAMI FL 33143							DO NOT WRITE IN THIS SPACE				
								porated or Qualifed			
2 Principal F	Place of Business	. 2a k	Mailing Address			<del></del>	08/25/19 4. FEI Number			· .	pplied For
<u> </u>	Tace of business	<b>├</b>	Mailing Address							<u> </u>	ot Applicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc.				65-0434	130			Additional
22			oute, rya w, co.			5. Certifcate	of Status Desired			leguired	
			City & State			6 Flection C	ampaign Financing		\$5.00	May Be	
23 28							Contribution			to Fees	
Zip				Country				ration owes the cur	rent vear In	tangible	
24	25	29		30			1 '	roperty Tax.	, , , , , , , , , , , , , , , , , , , ,	Yes	□No
	9. Name and Address of Curre	nt Registe	red Agent				10. Name and	Address of New	Registered	Agent	
					81	Name	٠				•
FUE	NTE, JOSE E.			}	82	Street Addre	ss (P.O. Box Nu	mber is Not Accent	able)		
8603 SOUTH DIXIE HWY.					82 Street Address (P.O. Box Number is Not Acce					8 48 7 (New York	1814
	TE 406		•	Ī	83		Š	<b>国际建筑</b>	* ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		超額系統
MIAMI FL 33143				84	City		167 1	- 44 12 31	85 Zip	Code	
					-	•			FL	1   '	
11. Pursuant	to the provisions of Sections 607.05	02 and 607	.1508, Florida Statu	tes, the ab	ove-r	named corpo	ration submits th	is statement for the	purpose of	changing its	s registered
oπice or i	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Jations of, S	ection 607.0505, Fi	autnorizeo orida Statu	by in ites.	e corporation	is board of direc	tors. I hereby acce	pt the appoi	nuneni as i	egistered
SIGNATURE	_									•	
	Signature, typed or printed name of registered ag				Agent si	ignature required	,	,	DATE		
12.	OFFICERS A	ND DIREC	TORS 1	B 42							
TITLE				13.					FICERS AN		
NAME	P		☐ DELETE	1.1 TiT			ADDITIONS		FFICERS AN	ND DIRECTO	ORS IN 12
STREET ADDRESS 8603 S. DIXIE HWY, SUITE 406				1.1 TiTI 1.2 NAJ	ME				FFICERS AN		
SINCE ADDRESS	KRUTULIS, MARIAN C 8603 S. DIXIE HWY, SUITE 40			1.1 TiTI 1.2 NAJ	ME	DORESS			FFICERS AN		
CITY-ST-ZIP	KRUTULIS, MARIAN C 8603 S. DIXIE HWY, SUITE 40 CORAL GABLES FL 33143		□ DELETE	1.1 TiTI 1.2 NA/ 1.3 STF 1.4 CIT	ME REETAL Y-ST-Z	ı			FFICERS AN	☐ Change	Addition
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C/TY-ST-ZIP 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 607, 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS



**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90022 042 \*\*\*150.00