

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY - 1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000069386 (9)**
1. Corporation Name
THE BEN ELIAS EDUCATIONAL SYSTEM CORP.

Principal Place of Business Mailing Address
2360 W. 68TH STREET SUITE 110 HIALEAH FL 33016 **2360 W. 68TH STREET SUITE 110 HIALEAH FL 33016**

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/06/1993** 3a. Date of Last Report **04/18/1994**

4. FEI Number **65-0463887** 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ELIAS, LILIAN
2360 W. 68 STREET
SUITE 110
HIALEAH FL 33016**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (last or printed name of registered agent and the corporation) Registered Agent Signature (last or printed name) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, ARMANDO	1.2 NAME	
STREET ADDRESS	451 IVES DAIRY ROAD, #405-A	1.3 STREET ADDRESS	
CITY, ST, ZIP	N. MIAMI BEACH FL 33179	1.4 CITY, ST, ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, LILIAN	2.2 NAME	
STREET ADDRESS	451 IVES DAIRY ROAD, #405-A	2.3 STREET ADDRESS	
CITY, ST, ZIP	N. MIAMI BEACH FL 33179	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CECILIA	3.2 NAME	
STREET ADDRESS	19499 N.E. 10 AVENUE, APT. 208	3.3 STREET ADDRESS	
CITY, ST, ZIP	N. MIAMI BEACH FL 33179	3.4 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, REBECCA	4.2 NAME	
STREET ADDRESS	% 2360 W. 68TH STREET, #110	4.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33016	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 of this filing or in an attachment with an address.

SIGNATURE: *Lilian Elias* **President LILIAN ELIAS 5595 305-5563916** DATE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed)