

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: 2360 W. 68TH STREET SUITE 110 HIALEAH FL 33016
Mailing Address: 2360 W. 68TH STREET SUITE 110 HIALEAH FL 33016

3. Date Incorporated or Qualified: 10/06/1993
3a. Date of Last Report: 05/12/1995

2. Principal Place of Business: 21 1940 BAY DR. 22 APT # 1 23 MIAMI BEACH FL 24 33141
2a. Mailing Address: 26 POBOX 415127 27 MIAMI FL 28 MIAMI FL 29 33141-5127 30 USA

4. FEI Number: 65-0463887
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: ELIAS LILIAN 82 Street Address (P.O. Box Number is Not Acceptable): 1940 BAY DR. APT # 1 83 84 City: MIAMI BEACH FL 85 Zip Code: 33141

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: _____ (Signature, typed or printed name of registered agent, and date of signature) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ELIAS, ARMANDO STREET ADDRESS: 451 IVES DAIRY ROAD, #405-A CITY-ST-ZIP: N. MIAMI BEACH FL 33179	<input type="checkbox"/> DELETE
TITLE: SD NAME: ELIAS, LILIAN STREET ADDRESS: 451 IVES DAIRY ROAD, #405-A CITY-ST-ZIP: N. MIAMI BEACH FL 33179	<input type="checkbox"/> DELETE
TITLE: VD NAME: SANCHEZ, CECILIA STREET ADDRESS: 19499 N.E. 10 AVENUE, APT. 208 CITY-ST-ZIP: N. MIAMI BEACH FL 33179	<input type="checkbox"/> DELETE
TITLE: T NAME: ELIAS, REBECCA STREET ADDRESS: % 2360 W. 66TH STREET, #110 CITY-ST-ZIP: HIALEAH FL 33016	<input checked="" type="checkbox"/> DELETE
TITLE: T NAME: MARIANNE WEISS	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: ELIAS ARMANDO 1.2 NAME: ELIAS ARMANDO 1.3 STREET ADDRESS: 1940 BAY DR. APT # 1 1.4 CITY-ST-ZIP: MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: ELIAS LILIAN 2.2 NAME: ELIAS LILIAN 2.3 STREET ADDRESS: 1940 BAY DR. APT # 1 2.4 CITY-ST-ZIP: MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: SANCHEZ CECILIA 3.2 NAME: SANCHEZ CECILIA 3.3 STREET ADDRESS: 1940 BAY DR. APT # 1 3.4 CITY-ST-ZIP: MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: T MARIANNE WEISS 5.2 NAME: MARIANNE WEISS 5.3 STREET ADDRESS: 1940 BAY DR. APT # 1 5.4 CITY-ST-ZIP: MIAMI BEACH FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 assignment with an address.

SIGNATURE: *Elías* SECRET. DATE: MARCH 30, 96 305-8642839

CR2E034 (12/95)