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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069386

1. Corporation Name
THE BEN ELIAS EDUCATIONAL SYSTEM CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1940 BAY DRIVE
1
MIAMI BEACH FL 33141
US

Mailing Address
P.O. BOX 415127
MIAMI FL 33141-5127
US

3. Date Incorporated or Qualified
10/06/1993

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ELIAS, LILIAN
1940 BAY DRIVE, APT. 1
SUITE 110
MIAMI BEACH FL 33141

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETED
NAME ELIAS, ARMANDO
STREET ADDRESS 1940 BAY DRIVE, APT. 1
CITY-ST-ZIP MIAMI BEACH FL
TITLE SD DELETED
NAME ELIAS, LILIAN
STREET ADDRESS 1940 BAY DRIVE, APT. 1
CITY-ST-ZIP MIAMI BEACH FL
TITLE VD DELETED
NAME SANCHEZ, CECILIA
STREET ADDRESS 1940 BAY DRIVE, APT. 1
CITY-ST-ZIP MIAMI BEACH FL
TITLE T DELETED
NAME WEISS, MARIANNE
STREET ADDRESS 1940 BAY DRIVE, APT. 1
CITY-ST-ZIP MIAMI BEACH FL
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME SHIRLY WEISS
3.3 STREET ADDRESS 1940 BAY DRIVE, APT. 1
3.4 CITY-ST-ZIP MIAMI BEACH FL 33141
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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.

SIGNATURE: SHIRLY WEISS LILIAN ELIAS 4.1.99 305-864 2839
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)