

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000030673 (4)

1. Corporation Name

TRAINING INSTITUTE OF FLORIDA CORPORATION



Principal Place of Business

4423 ALTON ROAD
MIAMI FL 33140

Mailing Address

4423 ALTON ROAD
MIAMI FL 33140

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 2017 W. 62 ST.

Suite, Apt. #, etc.

22 City & State

23 HIALEAH - FL.

24 Zip 33016 25 Country DADE

2a. Mailing Address

26 2017 W. 62 ST.

Suite, Apt. #, etc.

27 City & State

28 HIALEAH

29 Zip 33016 30 Country DADE

4. FEI Number

65-0580238

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

ALFIE, MIGUEL N
4423 ALTON ROAD
MIAMI FL 33140

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 607.082 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

MIGUEL N. ALFIE - PRESIDENT

Signature of Registered Agent (signature required when changing agent)

4-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ALFIE, MIGUEL N
4423 ALTON ROAD
MIAMI FL 33140

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
ALFIE, REBECA
4423 ALTON ROAD
MIAMI FL 33140

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 19.07(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 recorder 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10

Dayton, P.O. Box 10

CR2E034 (12/95)