

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 # P95000036738 (9)

1. Corporation Name

BILINGUAL EDUCATIONAL CENTER, INC.



Principal Place of Business

1099 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

1099 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

2. Principal Place of Business

21 2727 SW 10 TERR.
Suite, Apt. #, etc.

22 City & State
23 MIAMI, FL.

24 Zip 33135 Country

2a. Mailing Address

26 2727 SW 10 TERR.
Suite, Apt. #, etc.

27 City & State
28 MIAMI, FL.

29 Zip 33135 Country

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

4. FLI Number

65-0584978

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

MURPHY, YVETTE G
1099 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name NERCYS GANEM

82 Street Address (P.O. Box Number is Not Acceptable)
2727 SW 10 TERR.

83

84 City MIAMI

FL

85 Zip Code 33135

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

Nercys Ganem
NERCYS GANEM

(Print) Registered Agent Signature (must be legible)

April 4, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MURPHY, YVETTE G
STREET ADDRESS 1099 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 PRESIDENT ☐ Change ☒ Addition
2.2 NAME NERCYS GANEM
2.3 STREET ADDRESS 2727 SW 10 TERR.
2.4 CITY-ST-ZIP MIAMI, FL 33135

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 800001774588 ☐ Change ☐ Addition
5.2 NAME -04/10/96--01005--001
5.3 STREET ADDRESS ***208.75
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 registrar 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 as an attachment with an address.

SIGNATURE:

Nercys Ganem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NERCYS GANEM

Nov. 25, 1996

DATE

Day, Time, Place: #

CR2E034 (12/95)

Nov 24-9-96