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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

SIGNATURE:

DOCUMENT # P95000036738 (9)

BILINGUAL EDUCATIONAL CENTER, INC.

Principal Place of Business Mailing Address 2727 SW 10 TERR

FILED Jan 28 1998 8:00am Secretary of State



2727 SW 10 TERR CORAL GABLES FL 33135 CORAL GABLES FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0584978 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 30 29 Personal Property Tax due June 30. ☐ Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GANEM, NERCYS 2727 SW 10 TERR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 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) Signature, typed or printed name of registered agent and title it applicable DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TOLE Change GANEM, NERCYS NAME 1.2 NAME CR2E034 2727 SW 10 TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33135 CITY - ST - ZIP 1.4 CITY - ST- ZiP L_ DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Addition 6.1 TITLE Change NAME 62 NAME STREET ADORESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIF

14. Thereby certify that the information supplied with this filling 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 of rulestee 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 attachpien with an address.

Jan. 16/8/8