## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000023938

JOSE MARTI SCHOOL I, INC.

Principal		Place	of	Busi	ness
660	S.W.	17TH	ST	REE	F

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90001 020 \*\*\*150.00



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							WRITE IN THE	S SPACE	<del></del>
						3. Date Incorporated or Qu	alifed		
						03/18/1996			
2. Principal P	lace of Business	2a. Mailing Add	Iress			4. FEI Number		A	pplied For
21		26				65-0656794			lot Applicable
Suite, Apt.	# etc	Suite, Apt.	#. etc.						Additional
	<i>n</i> , στο.	27	.,			5. Certifcate of Status Des	red 🗌		Required
22	1	City & State							· · · · · · · · · · · · · · · · · · ·
City & Stat	le ·	<u></u> ⊢ ′	•			6. Election Campaign Fina	ncing 🗀		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation owes the	e current year Ir		
24	25	29	[30]	•	<u> </u>	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer					10. Name and Address of	New Registered	I Agent	· · · ·
		Add Later		81	Name			,	
, BEO	VIDES, MARIO B		**	82	Charact Andria	ess (P.O. Box Number is Not A	anantahla)		
2660	S.W. 17TH STREET			.   62	Street Addr	ess (P.O. Box Number is Not A	cceptable)	•	
MIAN	MI FL 33145			83		1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		(1865)	€ 1411. 1811 1821
•			7	"		175.智慧翻翻			
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C.5 / C	Law .						FI	_	
11. Pursuant	to the provisions of Sections 607 050 registered agent, or both, in the state am familiar with, and accept the bligs	02 and 607.1508, Flo	rida Statutes, the	e above	-named corp	oration submits this statement t	or the purpose of	f changing it	s registered
office or r	registered agent, or both, in the state	of Florida. Such cha stions of Section 607	nge was authoriz ' 0505 Elorida St	zed by t tatutes	the corporation	on's board of directors. I hereby	accept the appoint	ointment as r	egistered
	an landinal with, and accept the briggs	A	.0000, 1 101100	MAR		BEOWNES	- 1114	loa	
SIGNATURE	//		· · · · · · · · · · · · · · · · · · ·	1141				117	
	Stonature, typed or printed name of registered ane	and title if applicable	(NOTE: Registe			d when reinstating)	DATE	<del>                                     </del>	
12	Signature, typed or printed name of registered age			ered Agent		d when reinstating)	DATE	ND DIRECT	ORS IN 12
12.	OFFICERS AN	ND DIRECTORS	1	ered Agent		d when reinstelling) ( 本語 ADDITIONS/CHANGES 1	DATE O OFFICERS A		
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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 or an attachment with an address, with all other like empowered.