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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000065334 (0)**

1. Corporation Name
LOCAL TRAINING, INC.

Principal Place of Business	Mailing Address
960 SUNTRUST INTERNATIONAL CENTER 1 SOUTHEAST THIRD AVENUE MIAMI FL 33131	960 SUNTRUST INTERNATIONAL CENTER 1 SOUTHEAST THIRD AVENUE MIAMI FL 33131-1700

3. Date Incorporated or Qualified: 08/05/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1 S.E. 3rd Ave	26 1 S.E. 3rd Ave
Suite, Apt. #, etc. 22 Ste 960	Suite, Apt. #, etc. 27 Ste 960
City & State 23 Miami Florida	City & State 28 Miami Florida
Zip 24 33131 Country 25 U.S.A.	Zip 29 33131 Country 30 U.S.A.

4. FEI Number: 65-0717250 ☐ 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

ROZENCWAIG, LESLIE A
960 SUNTRUST INTERNATIONAL CENTER
1 SOUTHEAST THIRD AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Leslie A. Rozencwaig
82 Street Address (P.O. Box Number is Not Acceptable): 1 S.E. 3rd Ave
83 Ste 960
84 City: Miami FL 85 Zip Code: 33131

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: [signature] (NOTE: Registered Agent signature required when reinstating) DATE: 2/24/97

12. OFFICERS AND DIRECTORS (☐ DELETE for each entry; all blank)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE	President	☐	☑
1.2 NAME	Vicente de Paula Bezerra		
1.3 STREET ADDRESS	c/o 1 S.E. 3rd Ave Ste 960		
1.4 CITY-ST-ZIP	Miami FL 33131		
2.1 TITLE	Secretary/Treasurer	☐	☒
2.2 NAME	Maria de Fatima Castilho		
2.3 STREET ADDRESS	c/o 1 S.E. 3rd Ave Ste 960		
2.4 CITY-ST-ZIP	Miami FL 33131		
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
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.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: MAR 2ND 97 Daytime Phone #: (305) 379-6100

CR2E034 (9/96)