

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

NON-PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -4 PM 1:18

DOCUMENT # **P 97000061408**

Principal Place of Business Mailing Address
Portuguese School Izalidita, Inc.

DO NOT WRITE IN THIS SPACE

21	2a	2b	3	4	5	6	8
Principal Place of Business	Mailing Address	Date Incorporated or Qualified	FEI Number	Certificate of Status Desired	Election Campaign Financing Trust Fund Contribution	This corporation owes the current year Intangible Personal Property Tax.	
6660 W 26 CT-BLDG 17		7/14/1997	65-0769686	<input type="checkbox"/>	<input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	
22	27	28	29	30			
Suite, Apt #, etc	Suite, Apt #, etc.	City & State	Zip	Country			
13		Healeah - FL	33016	USA			

9	10	81	82	83	84	85
Name and Address of Current Registered Agent	Name and Address of New Registered Agent	Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
Floria Tirado 6660 W 26 CT-BLDG 17-Apt. 13 Healeah - FL - 33016					FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	600003045531 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIA TIRADO	1.2 NAME	-11/16/99--01077--002
STREET ADDRESS	6660 W 26 CT-BLDG 17 Apt. 13	1.3 STREET ADDRESS	****\$50.00 ****\$50.00
CITY-ST-ZIP	Healeah - FL 33016	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Floria Tirado - FLORIA TIRADO Date: 10/01/99 Daytime Phone #: 305-5588031

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