

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90036 038 \*\*\*150.00

DOCUMENT # P98000060669

1. Corporation Name

CENTRO EDUCATIVO INTERNACIONAL, INC.

Principal Place of Business

10425 NORTHWEST 46TH STREET  
MIAMI FL 33178

Mailing Address

9737 NORTHWEST 41ST STREET  
SUITE 168  
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1998

4. EEI Number

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7500 NW 25 ST.

Suite, Apt. #, etc.

22 # 212 MIA, FL.

City & State

23 33122

Zip

Country

24

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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: AMERILAWYER REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LIZ, FRANK  
STREET ADDRESS 10425 NORTHWEST 46TH STREET  
CITY-ST-ZIP MIAMI FL 33178

TITLE VD ☐ DELETE

NAME WAGNER, VICTOR  
STREET ADDRESS 10425 NORTHWEST 46TH STREET  
CITY-ST-ZIP MIAMI FL 33178

TITLE TD ☐ DELETE

NAME RIVERA, ANNETH  
STREET ADDRESS 10425 NORTHWEST 46TH STREET  
CITY-ST-ZIP MIAMI FL 33178

TITLE S ☒ DELETE

NAME ICAZA, DELIA  
STREET ADDRESS 10425 NORTHWEST 46TH STREET  
CITY-ST-ZIP MIAMI FL 33178

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

AUGUSTO AGUILERA  
S.VD  
10425 N.W 46TH ST  
MIAMI FL 33178

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(305) 6399520

Daytime Phone #

CR2E034 (11/98)

0256469