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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S70776** **(7)**

1. Corporation Name

BILINGUAL EDUCATION SERVICE, CORP.

Principal Place of Business	Mailing Address
201 S.W. 27TH AVENUE MIAMI FL 33135-1401	201 S.W. 27TH AVENUE MIAMI FL 33135-1401

3. Date Incorporated or Qualified: **08/05/1991**
3a. Date of Last Report: **04/17/1995**

4. FEI Number: **65-0275091** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

TANUZ, CARMEN M.
5915 SW 89 AVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

31 Name:
32 Street Address (P.O. Box Number is Not Acceptable):
33
34 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE ☐ Change ☐ Addition
NAME	TANUZ, MIGUEL	
STREET ADDRESS	5915 SW 89 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE ☐ Change ☐ Addition
NAME	TANUZ, SERAFIN	
STREET ADDRESS	URBANIZACION STA MARIA	
CITY-ST-ZIP	PONCE PR	
TITLE	SD	☐ DELETE ☐ Change ☐ Addition
NAME	TANUZ, CARMEN M.	
STREET ADDRESS	5915 SW 89 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE ☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE ☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE ☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and accurate, that this electronic report 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 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: Carmen M. Tanuz 1-31-1996 (305) 541-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)