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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S70776

(7)

BILINGUAL EDUCATION SERVICE, CORP.

FILED Jan 29 1997 8:00am Secretary of State

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Principal Place of Business 201 S.W. 27TH AVENUE MIAMI FL 33135-1401				Mailing Address 201 S.W. 27TH AVENUE MIAMI FL 33135-1401					4111 A1911 619 11		4 18H 9	,en pe		
					İ			3. Date Incorporated or Qualifie 08/05/1991	ed 3a. D	ate of La 07/198	ist Re	port		
2. Principal Pi 21	lace of Busin	ess		2a. Mailing Address 26				4. FEI Number 65-0275091		Applied For Not Applicable				
Suite, Apt #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required						
City & State 23				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Faes						
Zip 24	Country 25			Zip Country 30				This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
	g. Name and Address of Curren			egistered Agent		T		10. Name and Address of New	Registered	Agent			1	
TAN	UZ, CARME	N M.				81	Name						1	
5915	5 SW 89 AV MI FL 33173	Æ		82 Street Add			ddress (P.O. Box Number is Not Acceptable)							
IIII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				83					,		-	
						84	City		FL	<u>.</u>	Zip C			
office or re	registered age	ent, or both,	in the State of	nd 607.1508, Florida Stat Florida: Such change wa ns of, Section 607.0505, I	s authorize	ed by	the corpo	corporation submits this statement for to oration's board of directors. I hereby ac	ne purpose o coept the app	of changi pointmer	ng its it as r	registered egistered		
SIGNATURE	Stonature typed	or or ried 5-100e 0	registered agent a	nd tille il applicable (Ni	OTE: Ragistare	nd Ane	nt sionature n	required when reinstaling)	DATE					
12.		IRECTORS 13.												
TITLE	PO			DELETE	1.1 7	TLE			***************************************	Cha	nge	Addition	18	
NAME	TANUZ, MIGUEL				1.2 NAI								4	
STREET ADDRESS	5915 SW 89 AVE				1.3 \$								CR2E034 (9/96)	
CITY-ST-ZIP	MIAMI FL			1.4 CI			T-ZIP						Ķ	
TITLE	TD			DELETE	2.1 7					Cha	nge	Addition	Ö	
NAME	TANUZ, S	SERAFIN			2.2 6	IAME							1	
STREET ADDRESS	URBANIZACION STA MARIA			235			ADDRESS							
CITY-ST-2IP	PONCE P	YR .			2.4	CITY-S	ST-ZIP							
TITLE	SD			DELETE	3.1]	ITLE				Cha	nge	Addition	1	
NAME		Carmen M.			3.2 N	IAME			•					
STREET ADDRESS	5915 SW 89 AVE			3.3 \$			ADDRESS							
CITY-ST-ZIP	MIAMI FL			3.4. CITY-S			ST-ZIP		_					
TITLE				☐ DELETE	4.1 TITLE					Cha	nge	Addition		
NAME		4.		4, 2	4. 2 NAME									
STREET ADDRESS				4.3.9	4.3 STREET ADDRESS									
C:TY-ST-ZIP	<u> </u>				4.4 (ITY-S	T-21P						j	
TITLE		DELETE 5.		5.1 T	TITLE				Cha	nge	Addition			
NAME				5.2	5.2 NAME			•						
STREET ADDRESS	T ADDRESS				5.3 STR		ADDRESS							
CITY-ST-ZIP					5.4 0	ITY-S	T-ZIP							
TITLE				DELETE	6.1 T	ITLE				Cha	กฎะ	Addition		
NAME					6.21	IAME	İ						1	
STREET ADDRESS					635	TAEET	ADDRESS							
CITY - ST - ZIP					640	Z-YTK	T-ZIP						1	

14. Ido 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 12 or on an atlacement with an address.

SIGNATURE: