

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733002

**Entity Name:** BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.

**Current Principal Place of Business:**

2732 S.W. 32 AVE.  
MIAMI, FL 33133

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC4982564123**

**Current Mailing Address:**

2732 S.W. 32 AVE.  
MIAMI, FL 33133

**FEI Number: 59-1410520**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRITO, BEATRIZ  
2732 S.W. 32 AVE.  
MIAMI, FL 33133 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name VALDES-DILME, CARIDAD  
Address 470 NW 22 AVENUE  
City-State-Zip: MIAMI FL 33125

Title VP  
Name DEVILLIERS, JILIANN  
Address 8450 S.W. 24 STREET  
City-State-Zip: MIAMI FL 33165

Title S  
Name BRITO, BEATRIZ  
Address 2732 SW 32 AVE.  
City-State-Zip: MIAMI FL 33133

Title T  
Name TORRES, XENIA  
Address 1900 WEST 44 PLACE  
City-State-Zip: HIALEAH FL 33012

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CARIDAD VALDES-DILME**

**PRESIDENT**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date