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

CITY-ST-ZIP

Jan 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)ALEXANDER SCHOOL, INC. Principal Place of Business Mailing Address 8050 RED ROAD 6050 RED ROAD MIAMI FL 33143-2346 MIAMI FL 33143-2346 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1964 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1114395 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHABROW, PENN B. 2222 PONCE DE LEON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 CORAL GABLES FL 33134 83 R4 City Zip Code the provisions of Sections 607.0502 e.d. 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both at the State of I forida Socia change was authorized by the corporation's board of directors. I hereby accept the appointment as registered amiliar with, and accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant t SIGNATUR OFFICERS AND DIRECTORS 12. 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition MCGHEE, JAMES R NAME 1.2 NAME 7550 SW 144 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CHY-ST-ZIP TITLE **VPS** DELETE Change 21 THLE Addition MCGHEE, JAMES R. II NAME 2.2 NAME **6050 SW 57TH AVE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CiTY-ST-ZIP 2. 4 CITY - ST. ZIP DELETE TITLE 3.1 THUE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ___ Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition 200002405822 NAME 6.2 NAME -01/21/98--01008--038 STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby 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 convention or the receiver or trustine empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an appropriate with an address.

***211.25

FILED