

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

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 541624 (3)**  
 1. Corporation Name  
**ACADEMY MONTESSORI INTERNATIONAL, INC.**



Principal Place of Business <b>44519 ARAPAHO DRIVE FREMONT CA 94539</b>	Mailing Address <b>44519 ARAPAHO DRIVE FREMONT CA 94539-6560</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/27/1977</b>	3a. Date of Last Report <b>01/30/1996</b>
21	26	4. FEI Number <b>59-1727670</b>	Applied For Not Applicable
22 Suite, Apt #, etc	27 Suite, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DOS REMEDIOS, FRANCIS % C.W.C. ACCOUNTING SERVICE 323 NE 2ND AVE. DELRAY BEACH FL 33444</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOS REMEDIOS, SYLVIA</b>	1.2 NAME	
STREET ADDRESS	<b>44519 ARAPAHO DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FREMONT CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOS REMEDIOS, STEPHEN</b>	2.2 NAME	
STREET ADDRESS	<b>44519 ARAPAHO DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FREMONT CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOS REMEDIOS, CYNTHIA</b>	3.2 NAME	
STREET ADDRESS	<b>44519 ARAPAHO DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FREMONT CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOS REMEDIOS, FRANCIS</b>	4.2 NAME	
STREET ADDRESS	<b>44519 ARAPAHO AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FREMONT CA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Sylvia Dos Remedios** *Sylvia Dos Remedios / President* 1-14-'97 510 796-3866  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)