

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37077					
1. Corporation Name THREE - H LEARNING CENTER, INC.					
Principal Place of Business 36424 FLORRIE MAE LANE DADE CITY FL 33523 US			Mailing Address P.O. BOX 391 SAN ANTONIO FL 33576 US		

FILED

99 APR 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

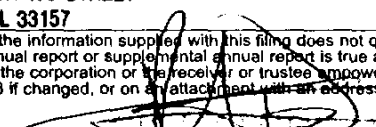


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0193322	
22	City & State	27	City & State	Applied For ☐ Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired X(3) \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COLOM, BARTOLOME 18106 PARISH GROVE ROAD DADE CITY FL 33525				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DP	☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	BARTOLOME, COLOM			☐ Change ☐ Addition	
STREET ADDRESS	36424 FLORRIE MAE LANE			Please see attach	
CITY-ST-ZIP	DADE CITY FL 33523				
TITLE	SV	☐ DELETE		☐ Change ☐ Addition	
NAME	ROBLES, RAFAEL				
STREET ADDRESS	11387 LONG HILL COURT				
CITY-ST-ZIP	SPRING HILL FL 34608				
TITLE	DT	☒ DELETE		☐ Change ☐ Addition	
NAME	WHITE, AIDA				
STREET ADDRESS	317 WHITAKER ROAD				
CITY-ST-ZIP	LUTZ FL 33549				
TITLE	DS	☐ DELETE		☐ Change ☐ Addition	
NAME	COLOM, BARTOLOME				
STREET ADDRESS	18106 PARRISH GROVE ROAD				
CITY-ST-ZIP	DADE CITY FL 33525				
TITLE	D	☒ DELETE		☐ Change ☐ Addition	
NAME	CAMARGO, MARIA				
STREET ADDRESS	P.O. BOX 3113 N/A				
CITY-ST-ZIP	PLANT CITY FL 33504				
TITLE	D	☐ DELETE		☐ Change ☐ Addition	
NAME	RIVERA, CARLOS				
STREET ADDRESS	9102 S.W. 179 STREET				
CITY-ST-ZIP	MIAMI FL 33157				

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RAFAEL A. ROBLES** 4/14/99 (813) 927-5137

0049030
CR2E037 (11/98)