FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 27 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N37077

1. Corporation Name

THREE - H LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
36424 FLORRIE MAE LANE DADE CITY FL 33523 US	P.O. BOX 391 SAN ANTONIO FL 33576 US

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 03/09/1990

4. FEI Number: 65-0193322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ (3) $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COLOM, BARTOLOME
18106 PARISH GROVE ROAD
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

		DELETE
TITLE	DP	☐
NAME	BARTOULOME, COLOM	
STREET ADDRESS	36424 FLORRIE MAE LANE	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	SV	☐
NAME	ROBLES, RAFAEL	
STREET ADDRESS	11387 LONG HILL COURT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	DT	☒
NAME	WHITE, AIDA	
STREET ADDRESS	317 WHITAKER ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DS	☐
NAME	COLOM, BARTOLOME	
STREET ADDRESS	18106 PARRISH GROVE ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	☒
NAME	CAMARGO, MARIA	
STREET ADDRESS	P.O. BOX 3113 N/A	
CITY-ST-ZIP	PLANT CITY FL 33504	
TITLE	D	☐
NAME	RIVERA, CARLOS	
STREET ADDRESS	9102 S.W. 179 STREET	
CITY-ST-ZIP	MIAMI FL 33157	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE	Please see attach	☐	☐
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐	☐
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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*****87.50 *****87.50

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)