

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078806 (4)

1. Corporation Name
REM LEARNING DEVELOPMENT CORPORATION



Principal Place of Business: 10500 S.W. 122ND ST. MIAMI FL 33176
Mailing Address: 10500 S.W. 122ND ST. MIAMI FL 33176

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/26/1994	08/11/1995
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number	Applied For
23 City & State: Miami FLA		28 City & State: Miami Fla		59-2683691	<input checked="" type="checkbox"/> Not Applicable
24 Zip: 33176	25 Country: USA	29 Zip: 33176	30 Country: USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORENO, ROSE M 10500 S.W. 122ND ST. MIAMI FL 33176				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 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 607.0506, Florida Statutes.

SIGNATURE: _____ (Type or print name of registered agent and the filer of this report.) (NOTE: Registered Agent's signature required when resigning.) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORENO, RAMIRO			12 NAME			
STREET ADDRESS	10500 S.W. 122ND ST.			13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			14 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE			
NAME	MORENO, ROSE M			22 NAME			
STREET ADDRESS	10500 S.W. 122ND ST.			23 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			24 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		31 TITLE			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		41 TITLE			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		51 TITLE			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		61 TITLE			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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.

SIGNATURE: *Rose Moreno* 8/3/96 232-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)