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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000039978 (8)

1. Corporation Name
MONTESSORI MADE MANAGEABLE, INC.



Principal Place of Business: 14535 LAKE CANDLEWOOD CT. MIAMI LAKES FL 33014
Mailing Address: PO BOX 172205 HIALEAH FL 33017-2205

3. Date Incorporated or Qualified: 05/15/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0570655
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 14535 Lake Candlewood Ct. Suite #, etc.
2a. Mailing Address: P.O. Box 172205 Suite #, etc.
22. City & State: Miami Lakes FL
27. City & State: Hialeah FL
24. Zip: 33014 Country: USA
29. Zip: 33017 Country: USA

9. Name and Address of Current Registered Agent
ADARVE RICKE, LISA
930 FALLING WATER RD.
FT. LAUDERDALE FL 33328

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

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: Lisa Ricke Adarve
NOTE: Registered Agent signature required when reinstating.
DATE: 1/19/97

12. OFFICERS AND DIRECTORS
1. TITLE: S/T
2. NAME: SCOTT, BARBARA
3. STREET ADDRESS: 14535 LAKE CANDLEWOOD CT.
4. CITY - ST - ZIP: MIAMI LAKES FL 33014
5. TITLE: Pres.
6. NAME: Adarve, Lisa
7. STREET ADDRESS: 930 Falling Water Rd.
8. CITY - ST - ZIP: Ft. Lauderdale FL 33326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
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

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: Barbara Scott
DATE: 1/19/97
DAYTIME PHONE #: 905-821-7853

CR2E034 (9/96)