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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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ALVAREZ, CARLOS L 8216 WEST FLAGLER ST.

**MIAMI FL 33144** 

P95000087357 (6)

EDUCAMI, INC.

**DOCUMENT #** 

Principa! Place of Business
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Mailing Address

2a. Mailing Address

City & State

 $Z_{\rm IP}$ 

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

8216 WEST FLAGLER ST. MIAMI FL 33144

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

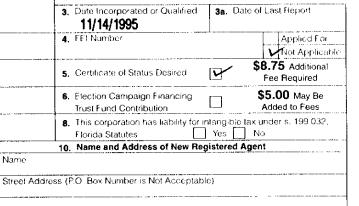
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8216 WEST FLAGLER ST. MIAMI FL 33144



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

Country

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office or agent. La	registered agent, or both, in the State of Florida. I am familiar with land accept the obligations of, Se	Such change was authorized by the corporation's board action 607 0505, Florida Statutes	d of directors. I hereby accept the ap	opointment as registered.
SIGNATURE	Commence of the second	drafts. Proceeded by the grate of a grate part from	Distriction CAL	

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	े 1 मार्च	SIT	Change X Addition
NAME	ALVAREZ, CARLOS L		1.2 NAME	Alvarez, CARLOG L. 4254 S.W. 129Th Place MIAMI, FL 33175	
STREET ADDRESS	4254 S.W. 129TH PLACE		1.3 STREET ADDRESS	4254 5W 1297h PIACE	
CITY-ST-ZIP	MIAMI FL 33175		14 C(1Y - ST - 7)P	MIAMIJEL 33175	
TITLE	VD	DELETE	2 ' TITLF	·	Change Addition
NAME	ALPETER, HUGH		2.2 NAME		
STREET ADDRESS	P.O. BOX 456		2.3 STREET ADDRESS		
CITY - ST - ZIP	BATH OH 44210		2 4 CITY - \$1 - ZIP		
TITLE	STD	DELETE	3 1 TITLE		Change Additio
NAME	ALVAREZ, MIGUEL D		3.2 NAME		
STREET ADDRESS	2451 S.W. 118TH COURT		3.3 STREET ADDRESS		
CITY-ST-7:P	MIAMI FL 33175		3.4 C(1) - S1 - Z(P		
TITLE		DELETE	4 3 TILLF		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CITY - ST - 7IP		<u>, , , , , , , , , , , , , , , , , , , </u>
TITLE		DELETE	51 TIFLE		Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP			5.4 CITY - ST - ZIP	· · ·	
TITLE		DELEIE	6.1.1.1LE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CiTY-ST-ZiP			6 4 CITY - ST - ZIP		

| 64-0417-51-28 | 1 | 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, 1 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:

Alvares 500 RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scerebuy Tracasie v 8-5-96

Zip Code

85