

**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

SEARCHED
INDEXED
SERIALIZED
FILED
AUG 23 1996
MIAMI BEACH, FLORIDA

DOCUMENT # **P95000095134 (9)**
1. Corporation Name:
EDUCATIONAL FACILITIES, INC.



Principal Place of Business: **4045 SHERIDAN AVENUE SUITE 354 MIAMI BEACH FL 33140**
Mailing Address: **4045 SHERIDAN AVENUE SUITE 354 MIAMI BEACH FL 33140**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	22. City & State	27. City & State	4. FEI Number 93-1192117	Applied For Not Applicable
23. Zip	28. Zip	24. Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country	30. Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

14. 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		Signature of Corporation Secretary (Required for Application)		Signature of Registered Agent (Required for Amendment)		Date	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP
	DIRECTOR	Aaron Slater	6257 Southwest 88th Street, C-107 MIAMI, FL, 33150	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP
	PRESIDENT	STEVEN RUDNITSKY	345 OCEAN DRIVE, #1019 MIAMI BEACH, FL, 33139				
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	<input type="checkbox"/> DELETE						

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****225.00 ****225.00

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)(c), 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: *A. Slater*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
July 29/96
AD

CR2E034 (3/96)