

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **436159** (8)
1. Corporation Name
KNOBEL PRIVATE SCHOOLS, INC.



Principal Place of Business 1799 NE 164 STREET N MIAMI BEACH FL 33162	Mailing Address P.O. BOX 610395 NORTH MIAMI FL 33261-0395 US
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3. Date Incorporated or Qualified 09/17/1973	3a. Date of Last Report 04/17/1996
4. FEI Number 59-1486208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> No	

2. Principal Place of Business 21 11900 Biscayne Boulevard Suite, Apt. #, etc. 22 808 City & State 23 North Miami, FL Zip 24 33181	2a. Mailing Address 26 11900 Biscayne Boulevard Suite, Apt. #, etc. 27 808 City & State 28 North Miami, FL Zip 29 33181	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent RICKIE KNOBEL 11900 BISCAYNE BLVD SUITE 780 NORTH MIAMI FL 33181	10. Name and Address of New Registered Agent 81 Name Rickie Knobel 82 Street Address (P.O. Box Number is Not Acceptable) 11900 Biscayne Blvd., Ste 808 83 84 City North Miami FL 85 Zip Code 33181
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSC <input type="checkbox"/> DELETE	1.1 TITLE	PSC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOBEL, RICKIE	1.2 NAME	Knobel, Rickie
STREET ADDRESS	11900 BISCAYNE BLVD., SUITE 780	1.3 STREET ADDRESS	11900 Biscayne Blvd., Ste 808
CITY - ST - ZIP	NORTH MIAMI FL	1.4 CITY - ST - ZIP	North Miami, FL 33181
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  **Rickie Knobel** 3/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)