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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

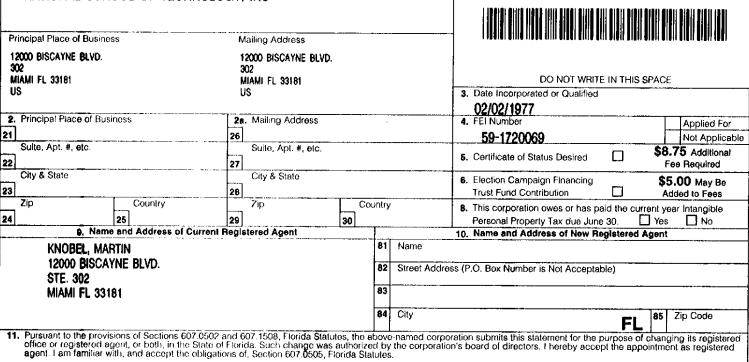
CITY-ST-ZIP

523456

(2)

NATIONAL SCHOOL OF TECHNOLOGY, INC.

FILED
May 28 1998 8:00am
Secretary of State



SIGNATURE Signature, typed or pointed hance of registered agent and little if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TIFLE Change ___ Addition ORTIZ, ARTHUR NAME 1.2 NAME 18150 NE 17TH AVE STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BCH, FL 00000 CITY-ST-ZIP 1.4 CITY-S1-ZIP Ø DELETE TITLE 2.1 TITLE Change Addition KNOBEL, MARTIN NAME 2.2 NAME 16150 NE 17TH AVE STREET ADDRESS 2.3 STREET ADDRESS N MIAMI BCH, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition MERSON, ROSA M NAME 3.2 NAME 1590 NE 162 ST STREET ADDRESS 3.3 STREET ADDRESS N MIAMI BCH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAMÉ 5 2 NAME STREET ADDRESS 5 3 ST FT ADDRESS CITY-ST-ZIP ST-ZIP TITLE DELETE 6.11 Change Addition NAME 6.2 N STREET ADDRESS 6.3 ST ET ADDRESS

14. I 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.

6.4 CITY-ST-ZIP

ICHATURE Mathe Male Male 1 /19/98 300 car