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

**PROFIT** CORPORATION ANNUAL REPORT

I am an officer or direct appears in Block 12 or

**SIGNATURE:** 



**FILED** 

Feb 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 567813** 

(1)

2929 S.W. 3RD AVENUE MIAMI FL 33129  3. Date Incorporated or Qualified O4/05/1978  2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt #, etc. 2. Suite, Apt #, etc. 2. City & State City & State 2. City & State 2. Country 2. Country 2. Country 2. Date Incorporated or Qualified O1/31/1996  3. Date Incorporated or Qualified O1/31/1996  3. Date Incorporated or Qualified O1/31/1996  3. Date Incorporated or Qualified O1/31/1996  4. FEI Number Applied For Not Applicable Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State Country Country  2. Country Country Country B. This corporation has liability for intangible tax under s. 199.032.		wide Learning Pro	OGRAMS, INCORPORA	TED		·			
Principion Pisco of Business   2a, Majiring Address   5c, Manufer   4, EEI Number   5c, 0388791   5c, 05c, 0266, 2c, 10c, 2c, 2c, 10c, 2c, 2c, 10c, 2c, 2c, 10c, 2c, 2c, 2c, 2c, 2c, 2c, 2c, 2c, 2c, 2	2929 S.W. 3RD AVENUE 2929 S.W. 3RD AVENUE						E ANGLET DIVIN BITTE LOUIS SELECTION OF THE CO.	FB21 \$1001 B100 B100 B100 B100	OPO)† 1861
2. Principal Totace of Business									eport
Substitution   Subs	2. Principal P	lace of Business	2a. Mailing Addr	ess		·· <del>·······</del>		· · · · · · · · · · · · · · · · · · ·	plied For
Companies   Comp	21		26		m		65-0388791	No.	t Applicable
City & State   City & City & State   City & City & State   City & State   City & State   City & State   City	<u>'</u>	≠, etc.	<u>├</u> ─┐	etc.			5. Certificate of Status Desired		
20					-	<del></del>			· · · · · · · · · · · · · · · · · · ·
24	<b>-</b>		·			'			
25		Country	···	Cr	ountry		<del></del>		
BILINE   DELETE   STREET ACCORDS   STR	24]			30		: '	Florida Statutes	Yes No	
200 S BISCAYNE BLVD   88   Street Address (P.O. Box Number is Not Acceptable)   88   Street Address (P.O. Box Number is Not Accept			Current Registered Agent			·	10. Name and Address of New Reg	istered Agent	
SUTITE 4000 MIAMI FL 33131  B3   City					81	Name			
MIAMI FL 33131				•	82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)	•
Ref					83		· · · · · · · · · · · · · · · · · · ·		
The Pursuant to the provisions of Socions 607 0502 and 607 1508, Rolides Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am from first with, and accept the objection 607 0505, Rolides Statutes agent 1 am from first with, and accept the objection 607 0505, Rolides Statutes.  SIGNATURE    The purpose of changing its registered agent in 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 in from first with, and accept the objection 607 0505, Rolides Statutes.    The purpose of changing its registered agent in the purpose of changing its registered agent in the purpose of changing its registered agent. I	MIA	NI FL 33131				·			
1.1. Pursuant to the provisions of Socions 607 0502 and 607 1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agoint 1 am fam have with, and accept the obligations of, Socion 607,0505, Florida Statutes  SIGNATURE    Signature					84	City	, , , , , , , , , , , , , , , , , , ,	FL 85 Zip	Code
THE	SIGNATURE	Signature, typical or printed name of reg-	sweed agent and trie if applicable	(NOTE Registe	red Age		equired when reinstating)	DATE	
NAME   DU FRESNE, ELIZABETH J   12 NAME   1.3 STREET ADDRESS   1.4 CTIV*. ST- ZPP						<del>`</del>	ADDITIONS/CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·	
STREET ALDRIESS   200 S BISCAYNE BLVD, SUITE 4000   1.3 STREET ADDRESS   1.4 CITY-S1-2IP   1.4 CITY-		_, .	<b>—</b>					L Change	L Augeren
MIAMI FL									
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NAME						ST-ZIP			
STREET ADDRESS   STRE			[] UE	***				∟ Change	L.J. Addition
CITY - ST - ZIP						L DODGEO			
TILE         DELETE         4.1 TILE         Change         Addition           NAME         4.2 NAME         ************************************									
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A4 CITY-ST-ZIP	NAME			4, 2	NAME			•	
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CHY-ST-ZIP 6.4 CHY-ST-ZIP						Anness			
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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	14. Lda heret	by certify that the information	supplied with this filing does	not qualify for th	e exe	inntion sta	ated in Section 119.07(3)(i), Florida Statutes	. I further certify that	the