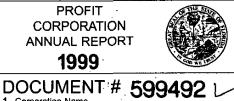
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT 1999

VANKARA; A LEARNING EXCHANGE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 30, 1999 8:00 am Secretary of State

06-30-1999 90010 003 ***558.75

Principal Plac	e of Business	Mailing Address		- / -	'Y EIBH BÌOIL BAGU DIOIL DION 1601 '
13331 ALEXANDRIA DRIVE 13331 ALEXANDRIA DRIVE OPA LOCKA FL 33054 OPA LOCKA FL 33054			DO NOT WRITE IN TH	IIS SPACE	
			•	3. Date Incorporated or Qualifed 01/26/1979	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1913118	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	• •	27		5. Certificate of Status Besiled	Fee Required
City & Stat	le f	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
cur	TH CIMPAN		81 Name		:
330	th, elvira v Seaman avenue		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
OPA	LOCKA FL 33054		83		
			84 City	F	85 Zip Code
office or r	registered agent or both in the State	of Florida Such change was au	monzea by the corporati	poration submits this statement for the purpose on's board of directors. Thereby accept the app	of changing its registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes		
SIGNATURE			Registered Agent signature require	ad when reinstating) DATE	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	VSD	DELETE	1.1 TITLE		Change Addition
NAME	TAYLOR, MYRA L	-	12 NAME		
STREET ADDRESS	-2131 NW 98TH ST		1.3 STREET ADDRESS 3	30 SEAMAN AVC.	
CITY-ST-ZIP	MIAMI-FL		1.4 CITY-ST-ZIP	PA LOCKA, FL 330)54
TITLE	DP	☐ DELETE	2.1 TITLE	<u> </u>	Change
NAME	TAYLOR, JOHN H		2.2 NAME		•
STREET ADDRESS	2131 NW 96TH ST		2.3 STREET ADDRESS 3	30 SEAMAN AVE.	- S N. C
CITY-ST-ZIP	MIAMI-FL-	**	2.4 CITY-ST-ZIP	PA LOCKA, FL 3	305 <i>4</i>
TITLE	TRANSPER.	DELETE	3.1 TITLE	REASURER	Change Addition
NAME	11.0012		3.2 NAME	idira Smith	
STREET ADDRESS			3.3 STREET ADDRESS	131 N.W. 4651	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	liami, FL 33147	
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		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		□ BELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
ΠΠLE	1	☐ DELETE	O. I. III LE		
			62 NAME		
NAME STREET ANDRESS	* *		6.2 NAME 6.3 STREET 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 with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SMITH 5-30-99-305-SIGNATURE: