

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706945
1. Corporation Name

CORAL GABLES ACADEMY AND INSTITUTE OF READING, INC.

Principal Place of Business Mailing Address
1200 South Pine Island Rd. 555 Camino de la Tierra
Plantation, FL, 33324 Corrales, NM 87048

3. Date Incorporated or Qualified 03/06/64 3a. Date of Last Report 04/05/95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1200 S. Pine Island Rd.	26 555 Camino de la Tierra	59-1010949	Not Applicable
Suite, Apt. # etc.	Suite, Apt. # etc.		
22	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State		
23 Plantation, FL 33324	28 Corrales, NM 87048	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country
24 33324	25 Broward	29 87048	30 Sandoval
		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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 South Pine Island Rd.
Plantation, Fl 33324

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 P/D	NAME Marilyn Jean Meffen-Ortiz	DELETED	1.1 TITLE	Change	Addition
STREET ADDRESS	555 Camino de la Tierra		1.2 NAME		
CITY-ST-ZIP	Corrales, NM 87048		1.3 STREET ADDRESS		
TITLE V/D	NAME Arthur L. Ortiz	DELETED	1.4 CITY-ST-ZIP		
STREET ADDRESS	555 Camino de la Tierra		2.1 TITLE	Change	Addition
CITY-ST-ZIP	Corrales, NM 87048		2.2 NAME		
TITLE S/T/D	NAME Cynthia Harms	DELETED	2.3 STREET ADDRESS		
STREET ADDRESS	19 Sanddown Ct.		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	Wainscott NY 11975		3.1 TITLE	Change	Addition
TITLE	NAME	DELETED	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	4.1 TITLE	Change	Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE	NAME	DELETED	4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE	Change	Addition
CITY-ST-ZIP			5.2 NAME		
TITLE	NAME	DELETED	5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE	Change	Addition
TITLE	NAME	DELETED	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(k), 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: Marilyn Jean Meffen-Ortiz 4/9/96 505-8572162
Marilyn Jean Meffen-Ortiz, President/Director

CR2E037 (12/95)