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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736497

1. Corporation Name
ATLANTIS ACADEMY, INC.

* 4 3 4 9 5 7 *
434957 - 90224 - 20

Principal Place of Business	Mailing Address
9600 S.W. 107 AVE. MIAMI FL 33176	9600 S.W. 107 AVE. MIAMI FL 33176

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/29/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1684357 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TEPPER, LETITIA C. 7009 S.W. 53RD LANE MIAMI FL 33155	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P PRESIDENT ☒ Change ☐ Addition
NAME	PARKERSON, JANET	1.2 NAME	Valverde, Fernando D.
STREET ADDRESS	8801 SW 148 DR	1.3 STREET ADDRESS	160 Leucadendra Drive
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, Florida
TITLE	V ☐ DELETE	2.1 TITLE	V VICE-PRESIDENT ☒ Change ☐ Addition
NAME	VALVERDE, FERNANDO D	2.2 NAME	Parkerson, Janet
STREET ADDRESS	160 LEUCADENDRA DR	2.3 STREET ADDRESS	8801 S. W. 148 Drive
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Miami, Fl.
TITLE	ST ☒ DELETE	3.1 TITLE	S SECRETARY ☐ Change ☒ Addition
NAME	SLONSKY, JOSEPH	3.2 NAME	Sam Carter
STREET ADDRESS	7345 SW 122 ST.	3.3 STREET ADDRESS	9370 Sunset Drive
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl. 33165
TITLE	D ☐ DELETE	4.1 TITLE	T TREASURER ☐ Change ☒ Addition
NAME	UDELL, MARILYN	4.2 NAME	Joliff, Jeanne
STREET ADDRESS	57 PROSPECT DR	4.3 STREET ADDRESS	8900 S. W. 107 Avenue
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Miami, Fl. 33176
TITLE	D ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	BOROWSKY, ANDREA	5.2 NAME	Dolara, Peter
STREET ADDRESS	11501 SW 92 CT	5.3 STREET ADDRESS	901 Ponce de Leon Blvd
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	#3 D ☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	Greenfield, Nancy ☒ ADDITION	6.2 NAME	Harrison, Jeffrey S.
STREET ADDRESS	8500 S. W. 92 Street Suite105	6.3 STREET ADDRESS	9040 S. W. 110 Avenue
CITY-ST-ZIP	Miami, Fl. 33156	6.4 CITY-ST-ZIP	Miami, Fl. 33176

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Letitia C. Tepper LETITIA C. TEPPER 3/17/99 305-271-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)