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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 739807 (6)
1. Corporation Name
THE LEARNING EXPERIENCE SCHOOL, INC.

Principal Place of Business: 536 CORAL WAY CORAL GABLES FL 33134
Mailing Address: 536 CORAL WAY CORAL GABLES FL 33134

3. Date incorporated or Qualified: 08/17/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1913861
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
CAMPBELL, SHANNON
536 CORAL WAY
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: TRUEBA, CARLOS STREET ADDRESS: 3850 SW 87 AVE., #306 CITY - ST - ZIP: MIAMI FL	
TITLE: VD NAME: KELLY, SASTRE STREET ADDRESS: 936 ALGARINO CITY - ST - ZIP: CORAL GABLES FL	
TITLE: TSD NAME: O BOURKE, IRMA STREET ADDRESS: 201 SOUTH BISCAYNE BLVD CITY - ST - ZIP: MIAMI FL	
TITLE: D NAME: CAMPBELL, SHANNON STREET ADDRESS: 536 CORAL WAY CITY - ST - ZIP: CORAL GABLES FL	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD 1.2 NAME: Spieler, Stanley 1.3 STREET ADDRESS: One Grove Isle, #901 1.4 CITY - ST - ZIP: Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: VD 2.2 NAME: Sastre, Kelly 2.3 STREET ADDRESS: 936 Algarino 2.4 CITY - ST - ZIP: Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: VD 3.2 NAME: Edens, George 3.3 STREET ADDRESS: 925 Cotorro Ave. 3.4 CITY - ST - ZIP: Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: TSD 4.2 NAME: Miedzialko, Rich 4.3 STREET ADDRESS: 550 N.W. LeJeune Rd. 4.4 CITY - ST - ZIP: Miami, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: D 5.2 NAME: Campbell, Shannon 5.3 STREET ADDRESS: 536 Coral Way 5.4 CITY - ST - ZIP: Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shannon Campbell Shannon Campbell 4-12-95 (305)445-0475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)