

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 # 754322 (6)
1. Corporation Name
THE FAMILY EDUCATION AND ENRICHMENT CENTER, INC.



Principal Place of Business
**9945 SUNSET DRIVE
MIAMI FL 33173-4622**

Mailing Address
**9945 SUNSET DRIVE
MIAMI FL 33173-4622**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1980		3a. Date of Last Report 04/21/1995	
21		26		4. FEI Number 59-2036158		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	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			
KERR, KAREN 6850 S.W. 75 STREET MIAMI FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KERR, KAREN			1.2 NAME	Thomas Allen		
STREET ADDRESS	6850 S.W. 75 STREET			1.3 STREET ADDRESS	6234 SW 57 Dr.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33143		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROCK, ELLEN			2.2 NAME	Catherine Radziejewicz		
STREET ADDRESS	6030 S.W. 93 AVENUE			2.3 STREET ADDRESS	5740 J.W. 94 Pl.		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 331		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUEVAS-MCNAMARA, JOSEPHIN			3.2 NAME	Kerr Karen	<input checked="" type="checkbox"/> Neither	
STREET ADDRESS	5880 S.W. 51ST STREET			3.3 STREET ADDRESS	6850 SW 75 St		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Miami FL 33143		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: Karen Kern KAREN KERN 5/1/96 279-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)