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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moorman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754322 (6)

1. Corporation Name

THE FAMILY EDUCATION AND ENRICHMENT CENTER, INC.

Principal Place of Business

Mailing Address

9945 SUNSET DRIVE  
MIAMI FL 33173-4622

9945 SUNSET DRIVE  
MIAMI FL 33173-4622

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

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

*Karen Kerr* Karen Kerr Director

3/17/98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KERR, KAREN	
STREET ADDRESS	6850 S.W. 75 STREET	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ARONOWITZ, JUDO	
STREET ADDRESS	8031 S.W. 98 TERR	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEON SANTIAGO
2.3 STREET ADDRESS	11600 SW 69 AVE
2.4 CITY-ST-ZIP	MIAMI FL 33156

TITLE	S	<input type="checkbox"/> DELETE
NAME	RADZIEWICZ, CATHERINE	
STREET ADDRESS	5740 SW 94 PL.	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOPER, PAUL	
STREET ADDRESS	13010 S.W. 102 AVE	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joe Rivera
5.3 STREET ADDRESS	11861 SW 123 PL
5.4 CITY-ST-ZIP	MIAMI FL 33186

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Karen Kerr* Karen Kerr 3/17/98 279-6966

CR2E037 (10/97)