FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J28510** **(2)**

1. Corporation Name

START LEARNING, INC.

Principal Place of Business	Mailing Address
ONE ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES FL 33134	ONE ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **08/13/1986**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2711053** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMERON, HORNBOSTEL, BUTTERMAN & FREEMAN
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASHEMIMRY, NASIR		1.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1400		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	
TITLE	SD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VINCENT, B. JOSEPH		2.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1400		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, HECTOR P.		3.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1400		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	
TITLE	DV	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ASHEMIMRY, MARIA		4.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1400		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MERKIN, STEWART		5.2 NAME	200001840802
STREET ADDRESS	ONE ALHAMBRA PLAZA 1400		5.3 STREET ADDRESS	-05/28/96--01033--016
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	***200.00
TITLE	D	☑ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WEDDLE, PETER D.		6.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA 1400		6.3 STREET ADDRESS	5-1-96
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP	ACB

CR2E034 (12/95)

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

SIGNATURE: _____ 4/16/96 305-445-8969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #