FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # K02322

(1)

Mailing Address

SCHOOL	OF NAII	TECHNOLOGY.	HTHOS	INC

11417A S. D Miami FL 33		11417A S. DIXIE HWY MIAMI FL 33156	•		3. Date incorporated or Qualified 11/17/1987	3a. Date of Last Report 04/25/1995
2. Principal Pl	ace of Business	2a. Mailing Address		*	4. FEI Number	Applied For
21		26		65-0021387	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	0	City & State			6. Election Campaign Financing	□ \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation has liability for i	intangible tax under s. 199.032,
24	25	29	30			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent
				81 Name		
CHESS,	, Dorothy		+	82 Street Ac	dress (P.O. Box Number is Not Acceptab	le)
11417A	SOUTH DIXIE HWY					
MIAMI F	FL 33156			83		
			}	84 City		Ter Tay Carl
				City		FL 85 Zip Code
SIGNATURE _	System typist to protect the extremetry as a	caromengalian gw	Die Registred	Ago i Styrual in tele	ADDITIONS/CHANGES TO OFF	DATE
TITLE	PD	DELETE	1 1 11	£	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	CHESS, THOMAS		1 2 NA			C charge C vacinari
STREET ADDRESS	11417A S. DIXIE HWY			HEET ADDRESS		
CITY - ST - ZIF	MIAMI FL			Y - ST - ZIP		
TITLE	SD	[] DELETE	2 1 10			Change Addition
NAME	CHESS, DOROTHY		2 2 NA			C ounds C Madeign
STREET ADDRESS	11417A S. DIXIE HWY			FET ADORESS		
CITY-ST-ZIP	MIAMI FL			Y - ST - ZIF		
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CITY-ST-ZIP				Y-ST ZIF		
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CITY - ST - ZIP				7-ST-ZIP		
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NAME			6.2 NAM	.11		_

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)(x), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charging the control of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

63 STREET ADERESS 64 CHY-ST-7P

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 305255883

CR2E034 (12/95)