FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K86358 (4)

1. Corporation Name
DYNAMIC TUTORING & SYSTEMS, INC.

Principal Place of Business	Mailing Address
1751 NORTH UNIVERSITY DR. PLANTATION FL 33322	1751 NORTH UNIVERSITY DR. PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 8312 W. OAKLAND PK.
22 Suite, Apt. #, etc.
23 City & State: SUNRISE FL.
24 Zip: 33351
25 County:

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State:
29 Zip:
30 County:

4. FEI Number: 65-0125896 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ZULUAPA~~, ALVARO J.
2034 E. OAKLAND
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name: ZULUAGA ALVARO J.
82 Street Address (P.O. Box Number is Not Acceptable): 2034 E. OAKLAND
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33306

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 _____ DATE
(Signature, typed or printed name of registered agent and date if applicable) (Registered Agent signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD ☑ Change ☐ Addition
NAME	SUAREZ, CARLOS A.	12 NAME	SUAREZ, CARLOS A.
STREET ADDRESS	1751 N. UNIVERSITY DR.	13 STREET ADDRESS	8312 W. OAKLAND PK BLVD.
CITY ST ZIP	PLANTATION FL 33322	14 CITY ST ZIP	SUNRISE, FL. 33351
TITLE	~~PTD~~	21 TITLE	☑ Change ☐ Addition
NAME	~~GOMEZ, MYRIAM~~	22 NAME	
STREET ADDRESS	~~8883 N.W. 91 LANE~~	23 STREET ADDRESS	
CITY ST ZIP	~~SUNRISE FL 33351~~	24 CITY ST ZIP	
TITLE		31 TITLE	700001491377 Action
NAME		32 NAME	-05/09/95--01117--001
STREET ADDRESS		33 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	DM 5/1 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is absolutely true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 above, or on an attachment with an address.

SIGNATURE: Suarez, Carlos A. (305) 748 2982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230033 CP