## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L52347

(6)

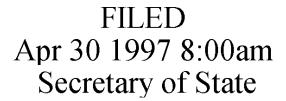
UNIFIC ACADEMY OF LEARNING, INC.

Principal Place of Business

Mailing Address

200 N.W. 47TH ST.

200 N.W. 47TH ST. MIAMI FL 33127-2447





WILLIE COLF	,									
						3. Date Incorporated or Qualified	1	e of Last Re	aport .	
						02/20/1990	05/01	1/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
21 26						65-04 19655 Not Applica				
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required				
City & State	(!	City & State				6. Election Campaign Financing	-	\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	o Fées	
Zφ	Country	Zip	Co	ountry		B. This corporation has liability for			199.032,	
24	25	29	30				Yes 🗶			
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Re	gistered A	gent		
CLA	YTON, MARY L.			81	Name					
61 N.W. 47TH ST.					82 Street Address (P.O. Box Number is Not Acceptable)					
MIAJ	MI FL 33127			$\sqcup$						
				83						
				84	City	The state of the s	FL	85 Zip (	Code	
## Elizaniani	by the provisions of Cochang CO7 OF	D3 and ED7 1509 Florida Sta	tutae tha		a-named core	noration submits this statement for the		changing it	s registered	
office or r agent ta	registered agent, or both, in the Stati im familiar with land accept the oblic	e of Florida Such change wa gations of, Section 607.0505,	is authoriza Florida Sta	ed by atutes	the corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the appo	intment as	registered	
SIGNATURE	Supurous typed or pented name of registered ag					ired when relastating)	DATE			
12.		ND DIRECTORS	13	<del></del>	rit signature requi	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	
Jillif	PD	DELETE		TITLE				Change	Addition	
NAME	CLAYTON, MARY L.	<b>-</b>		NAME			**			
STREET ADORESS	61 N.W. 47TH ST.				ADDRESS					
CITY \$1 ZiP	MIAMI FL			CITY-ST						
Tifte	VD	DELE1E		TITLE	1-211			Change	Addition	
NAME	CLAYTON, CHERYL L.			NAME						
STREET ADDRESS	228 N.W. 63RD ST.	•			ADDRESS					
	MIAMI FL			CITY-S	·	•				
Cry-St-7P Till!	STD	DELETE		TITLE	SI-ZIP			Change	Additio	
NAME	EBERHART, ALFONIA	F-1 011111	1	NAME					-	
	5502 N.W. 12TH AVE.				ADDRESS					
STREET ADDRESS	MIAMI FL				i					
CHY ST ZIP	MINIMI FL	DELETE		. CITY-S TITLE	>1 * £1F		I	Change	Addition	
		Last December		NAME					broad . Forting O	
NAME CERTAL ACCIDING					*nontee					
STREET ADDRESS					ADDRESS					
CHY-SI-ZIP TIBLE	<del></del>	DELETE		CITY-S	1-212			Change	Addition	
		C NEICH		NAME			•		Based 2 100 100 01	
NAME					ADBOTOS					
STREET ADDRESS					ADDRESS					
CITY - ST - 7IP		Libriere		CITY - S	T-ZIP			Change	Addition	
THEF		☐ DELETE		TITLE			ı	change	L. ADDISON	
NAME				NAME		•				
STRUET ADDRESS			6.3	STREET	ADDRESS			:		
Cally - \$1 ZIP			6.4	CITY - S	iT-ZIP					

14. I do hereby carlify 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARY L. CLAYTON