SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:30

DOCUMENT # N03656 (8)

1. Corporation Name
NORTH DADE REGIONAL ACADEMY, INC.

Principal Place of Business	Mailing Address
20000 NW 47TH AVE., BLDG #60 MIAMI FL 33055-1543	20000 NW 47TH AVE., BLDG #60 MIAMI FL 33055-1543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1984
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2368471 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 1065 N.E. 125th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Ste. 407
City & State 23	City & State 28 North Miami, FL
Zip 24 / County 25	Zip 29 33161 / Country 30 USA

9. Name and Address of Current Registered Agent

ALLEN, EVA M
3311 NW 178 STREET
MIAMI FL 33055

10. Name and Address of New Registered Agent

01 Name: Raul O. Serrano, Jr., C.P.A., P.A.
02 Street Address (P.O. Box Number is Not Acceptable): 1065 N.E. 125th Street
03: Ste. 407
04 City: North Miami, 05 FL Zip Code: 33161

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: Raul O. Serrano, Jr. CPA — 6/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	11 TITLE		☐ Change ☐ Addition
NAME	ALLEN, EVA M.	12 NAME		
STREET ADDRESS	3311 N.W. 178TH ST	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	KEMP, NATALIE N.	22 NAME		
STREET ADDRESS	17800 NW 17 AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	KEMP,DAVID H	32 NAME		
STREET ADDRESS	17800NW 17 AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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

SIGNATURE: Eva M. Allen, President — 6/12/95 — (305)623-0706
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Eva M. Allen, President

0006644