4-14-97 B- 459 FILE NOW: FILING FEE IS \$61

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

NORTH DADE REGIONAL ACADEMY, INC.

FILED Apr 14 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address				:		i ofolkol	811 8 1811 184 1	
20000 NW 47TH AVE., BLDG #60 MIAMI FL 33055-1543		1065 NE 125TH ST GTE 407 N MIAMI FL 33161-5834	0TE-407-							
		US	US		3. Date Incorporated or Qualified 06/13/1984	or Qualified 3a. Date of Last Report 04/29/1996				
	Place of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Ap	plied For	
21 Suite Ant	# 010	Suite, Apt. #, etc.				59-2368471			t Applicable	
Suite, Apt. #, etc. Suite, A 22 27 317		——————————————————————————————————————	•			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing \$5.00 May Be			May Be	
23		28			Trust Fund Contribution Added to Fees					
Zip 24	Country	Zip		untry		8. This corporation has liability for i				
[24]	9. Name and Address of Cur	rent Registered Agent	30		· · · · ·	Florida Statutes X Yes No 10. Name and Address of New Registered Agent				
	o, mante distributions of con-	Total Hegiotolog Agont		81	Name	TO, Hame and Address of Note the	Aleroien Wholi			
ALLEN,	FVA			82	Ctroot Ada	troce (D.C. Bou Niumbou in Not Assentable	I-V			
3311 N JÚ 178TH ST.					Street Add	iress (P.O. Box Number is Not Acceptab	ress (P.O. Box Number is Not Acceptable)			
MIAMI F	L 33055			83						
				84	City		FL B5	Zip (Code	
11. Pursuant office or r agent. I e	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	502 and 617.1508, Florida Statu ate of Florida. Such change was ligations of, Section 617.0503, Fl	tes, the a authorize orida Sta	bove d by tutes	e-named cor the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of char It the appointm	iging its ent as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered				·					
12,	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NO: AND DIRECTORS	IL Registere	d Age	nl signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIR	CIOB	S IN 12	
TITLE	P/D	DELETE	1.1 TI	TLE		ADDITIONAJOHANGEO TO OFFIC		hange	Addition	
NAME	ALLEN, EVA M.		1.2 N	AME				•		
STREET ADDRESS	3311 N.W. 178TH ST		1.3 \$	TREET.	ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 0	TY-\$1	T-ZIP					
TITLE	SD	DELETE	2.1 71	JTE				hange	Addition	
NAME	KEMP, NATALIE N.		2.2 N	AME						
STREET ADDRESS	17800 NW 17 AVE		2.3 S1	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		2 4 0	ITY-S	T-ZIP					
TITLE	D	DELETE	3 1 70	TLE				hange	Addition	
NAME	KEMP,DAVID H		3 2 N/	AME						
STREET ADDRESS	17800NW 17 AVE		3.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. C	ITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 (TLE				hange	Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CI	1Y-\$1	I - ZIP					
TITLÉ		☐ DELETE	5.1 TI	TLE				hange	Addition	
· NAME			5.2 NA	AME						
STREET ADDRESS			5.3 ST	REF1 /	ADDRESS					
CITY-ST-ZIP			5.4 CI	1Y-SI	- ZIP					
TITLE		☐ DELETE	6.1 TIT	TLE				nange	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	address					
CITY-ST-ZIP			6.4 CI			· · · · · · · · · · · · · · · · · · ·				
14. Lido hereb	by certify that the information suppl	led with this filing doos not quali	ty for the	Avar	nation states	d in Section 119 07(3Vi). Florida Statutos	I further corti	u that t	ho	

I do not be by definition and the information supplied with this filling doos not quality 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 attackylent with an address.