FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33610 (9)

1. Corporation Name
SOUTH FLORIDA INTERNATIONAL ACADEMY, INC.

Principal Place of Business	Mailing Address
~~661 NE 125 ST.~~ 661 NE 125 st ~~270 NE 200TH TER~~ NORTH MIAMI BEACH FL 3316~~6-3909~~ US	% LISA HOLASH 270 NE 200TH TER NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0149370 ☐ 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 ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 661 NE 125 st.	26 S. F. I. A.
Suite, Apt. #, etc. 22 N. MIAMI [illegible]	Suite, Apt. #, etc. 27 661 NE 125 st
City & State 23 FL.	City & State 28 N. MIAMI FL
Zip / Country 24 33161 / 25 DADE	Zip / Country 29 ~~33~~161 / 30 D

9. Name and Address of Current Registered Agent

HOLASH, LISA
270 NE 200 TER
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Lisa M. Holash — LISE M. HOLASH — PRESIDENT — DATE: 4/28/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLASH, LISE M	1.2 NAME	
STREET ADDRESS	270 NE 200 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	~~VPD~~	2.1 TITLE	VPD ☐ Change ☑ Addition
NAME	~~THOMAS, DELINA~~	2.2 NAME	ANTHONY VENZARA.
STREET ADDRESS	~~810 NW 96 ST.~~	2.3 STREET ADDRESS	478 E Altamonte DR
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	Altamonte Springs FL.
TITLE	~~D~~	3.1 TITLE	D ☐ Change ☐ Addition
NAME	~~VENZARA, ANTHONY~~	3.2 NAME	Marcia Saunders
STREET ADDRESS	~~478 E. ALTAMONTE DR.~~	3.3 STREET ADDRESS	1420 NE 139 st
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	3.4 CITY-ST-ZIP	N. MIAMI FL. 33161
TITLE	~~SD~~	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	~~MAITLAND, THOMAS~~	4.2 NAME	Joanne Cecilio
STREET ADDRESS	~~1641 NE 172 ST~~	4.3 STREET ADDRESS	151 29 NE 6 Ave
CITY-ST-ZIP	~~N. MIAMI BCH, FL~~	4.4 CITY-ST-ZIP	N. MIAM Beach Fl. 33162
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	OTIS, RICHARD F	5.2 NAME	
STREET ADDRESS	14845 NW 11TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	~~TD~~	6.1 TITLE	☐ Change ☐ Addition
NAME	~~LORENCRAU, CAROLE~~	6.2 NAME	
STREET ADDRESS	~~16090 NE 12 AVE~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~NO MIAMI BEACH FL~~	6.4 CITY-ST-ZIP	

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: Lisa M. Holash — LISE M. HOLASH — 4/28/95 — (305) 891-1364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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