

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33610 (9)**

1. Corporation Name  
**SOUTH FLORIDA INTERNATIONAL ACADEMY, INC.**



Principal Place of Business <b>661 NE 125 ST. 270 NE 200TH TER NORTH MIAMI FL 33161 US</b>	Mailing Address <b>S.F.I.A. 661 N.E. 125 STR. NORTH MIAMI FL 33161-5503 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

3. Date Incorporated or Qualified <b>08/02/1989</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>65-0159772</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLASH, LISA M	
STREET ADDRESS	270 NE 200 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUTHENBERG, MARVIN	
STREET ADDRESS	9501 E BAY HARBOR DR APT 5A	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SNACHEZ, ENID	
STREET ADDRESS	18920 NW 54 COURT	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CECILIO, JOANNE	
STREET ADDRESS	15129 N.E. 6 AVE.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OTIS, RICHARD F	
STREET ADDRESS	14845 NW 11TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KIRSCHNER, JACK	
1.3 STREET ADDRESS	3745 NE 171 ST - #17	
1.4 CITY-ST-ZIP	N. MIAMI BCH., FL 33160	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SANCHEZ, ENID	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEYCHER, DAVID	
4.3 STREET ADDRESS	19650 RED MAPLE LANE	
4.4 CITY-ST-ZIP	JUPITER, FL 33458	
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STANLEY, WALTER	
5.3 STREET ADDRESS	8812 N. CRESCENT DRIVE	
5.4 CITY-ST-ZIP	MIRAMAR, FL 33025	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JENKINS, CARLETHA	
6.3 STREET ADDRESS	25 NW 125 ST.	
6.4 CITY-ST-ZIP	NORTH MIAMI, FL 33168	

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

CF2E037 (9/96)