FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT # N33610

(9)

LILED								
May 14 1998 8:00am								
Secretary of State								

CH CD

SOUTH FLORIDA INTERNATIONAL ACADEMY, INC.										
Principal Place of Business Mailing Address				T (MORTHOU HOUR FILOM AIRTO AFFOI LIGHT) BORN GROUN GROUN GROUN BROKE BROKE GROUN BROKE						
861 NE 125 ST 270 NE 200TH NORTH MIAMI I US	TER	S.F.LA. 661 N.E. 125 STR. NORTH MIAMI FL 33161 US					3. Date Incorporated or Qualified 08/02/1989 4. FEI Number Applied F 65-0159772 Not Applie			
2. Principal P	lace of Business	26. Mailing Address			<i></i>	- ;	5. Certificate of Status Desired See Regulred Fee Regulred			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State	9	City & State				7	7. Is this nonprofit corporation a homeowners association? Yes No			
Zip Country		Zip Coun		untry		8. This corporation owes or has paid the current year Intangible		-		
24	25		30	, .			Personal Property Tax due June 30. 🔲 Yes 🔀 No			
	9. Name and Address of Current	Registered Agent		81		1(0. Name and Address of New Registered Agent			
					Name	Ho	LASH, LISE M.			
HOLASH		-		82	Street		(P.O. Box Number is Net Acceptable)			
270 NE :	200 TER Miajmi Beach Fl 33179			83				· <u>-</u>		
	i. V			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 .	Stgnature, lyped or printed name of registered agen	and title if applicable (NOTE	Registere	ed Agen	l signature	required wh	hen reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	?		
TITLE	PD	DELETE		1.1 TITLE			Change Ad	ddition		
NAME	HOLASH, LISE M	1.2 NAME								
STREET ADDRESS	270 NE 200 TERR.	1.3 STREET ADDRESS		ļ						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP							
TITLE	VD Ruthenberg, Marvin	☐ OĒLĒTE	2.1 TITLE			Change	ddition			
NAME	61	2.2 NAME								
STREET ADDRESS	9501 E BAY HARBIOR DR APT	5A	1		1					
CITY-ST-ZIP TITLE	BAY HARBOR ISLAND FL	DELETE	2. 4 C(TY - ST - ZIP 3.1 TITLE			Change Ac	dition			
NAME	SO DELETE SANCHEZ, ENID			3.2 NAME			C Change C re	Julion		
STREET ADORESS	16920 NW 54 COURT			3.3 STREET ADDRESS						
CITY-ST-ZIP	CAROL CITY FL			3.4. CITY-ST-ZIP						
TITLE	TD DELETE			4.1 TITLE				dition		
NAME	WEYCHERG, DAVID	HERG. DAVID		4. 2 NAME		-	WEYCHERT, DAVID			
STREET ADDRESS	12.000 500 11.000		4.3 \$	4.3 STREET ADDRESS		7	· A 1 · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	JUPITER FL			4.4 CITY-ST-ZIP		(no	address change)			
TITLE	VD DELETE		5.1 TI	5.1 TITLE		7-11 0	Change Ad	dition		
NAME	STANLEY, WALTER		5.2 N	5.2 NAME						
STREET ADDRESS 8812 N CRESCENT DRIVE			5.3 STREET ADDRESS							
CITY-ST-ZIP	MIRAMAR FL		5.4 C	5.4 CITY - ST - ZIP				_		
TITLE	D DELETE		6.1 71	6.1 TITLE			Change Ad	ldition		
NAME	J EN KINS, CARLETHA		6.2 N	AME						
STREET ADDRESS	25 NW 125 ST		6.3 S	TREET A	ODRESS					
CITY-ST-ZIP	NORTH MIAMI FL		6.4 C	ITY-ST	- ZIP					

CITY-ST-ZIP | NORTH MIAMI FL

14. Thereby 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.

SIGNATURE: