

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001238 (5)**

1. Corporation Name

CHANTY LEARNING, INC.



Principal Place of Business 891 WEST 29TH STREET HIALEAH FL 33012	Mailing Address 891 WEST 29TH STREET HIALEAH FL 33012	3. Date Incorporated or Qualified 03/11/1993
		4. FEI Number 65-0419013
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent DURAN, ROSEMARY 891 WEST 29TH STREET HIALEAH FL 33012	10. Name and Address of New Registered Agent 81 Name FRANCISCO DURAN 82 Street Address (P.O. Box Number is Not Acceptable) 83 3977 Adra Avenue 84 City Miami FL 85 Zip Code 33178
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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 Francisco Duran with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Francisco Duran DATE **3/17/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DURAN, ROSEMARY		1.2 NAME FRANCISCO DURAN	
STREET ADDRESS 891 WEST 29TH STREET		1.3 STREET ADDRESS 3977 Adra Ave.	
CITY-ST-ZIP HIALEAH FL		1.4 CITY-ST-ZIP Miami FL 33178	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PEREZ, VANESSA T		2.2 NAME NORMA PRATTS	
STREET ADDRESS 2895 S.W. 33 COURT		2.3 STREET ADDRESS 887 West 29 St.	
CITY-ST-ZIP MIAMI FL 33172		2.4 CITY-ST-ZIP Hialeah Fl. 33012	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAYSI TANIA MIGUELIZ,		3.2 NAME Daysi Tania Miguelez	
STREET ADDRESS 8211 WEST 52 ST. #204		3.3 STREET ADDRESS 1100 S.W. 104 Court	
CITY-ST-ZIP HIALEAH FL 33016		3.4 CITY-ST-ZIP Miami Fl. 33174	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: Francisco Duran DATE: **3-17-98** **885-2490**

CR2E037 (10/97)