

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90058 006 ****61.25

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DOCUMENT # N93000001238

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/11/1993

4. FEI Number

65-0419013

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

9. Name and Address of Current Registered Agent

**DURAN, FRANCISCO
3977 ADRA AVE
MIAMI FL 33178**

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 ☐ DELETE

NAME **PD
DURAN, FRANCISCO**
STREET ADDRESS **3977 ADRA AVE.**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE

NAME **SD
MIGUELEZ, DAYS**
STREET ADDRESS **2891 W. 29TH STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ DELETE

NAME **TD
PRATS, NORMA**
STREET ADDRESS **891 W. 29TH STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ DELETE

NAME **PD
DURAN, FRANCISCO**
STREET ADDRESS **3977 ADRA STREET**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE

NAME **TD
PRATTS, NORMA**
STREET ADDRESS **887 W 29TH ST**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ DELETE

NAME **SD
MIGUELEZ, DAYS TANIA**
STREET ADDRESS **1100 SW 104TH CT**
CITY-ST-ZIP **MIAMI FL 33174**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 appointment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-99 (305) 885-2490

CR2E037 (11/98)