SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL RE-ORT Secretary of State .* FILED DIVISION OF CORPORATIONS 1996 SEP -> AM 7:56 N95000004487 **DOCUMENT #** SECRETARY OF STATE AMERICAN LEARNING ASSISTANCE INC. Mailing Address Principal Place of Business 636 NORTH THORNTON AVE. 636 NORTH THORNTON AVE. STE. 01 STE. 01 ORLANDO FL 32803 ORLANDO FL 32803 3. Date incorporated or Qualified 3a. Date of Last Report 9-20-95 09/20/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 3343030 Not Applicable same 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5,00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 B. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ₿1 Name Street Address (P.O. Box Number is Not Acceptable) NGUYEN, THEU 82 636 N. THORNTON AVE., STE. 01 63 ORLANDO FL 32803 Zip Code 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/26) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETÉ (1 TITLE DO TITLE 4788 WHITE WILLOW LN **CR2E037** 12 NAME NAME 1.3 STREET ADDRESS ORLANDO, FL 32808 STREET ADDRESS LACITY-ST-ZIF Addition . CITY-ST-ZIP DELETE (2.1 TITLE) KAREN NOWEN TITLE 2.2 NAME 3rd 57. NAME 2.3 STREET ADDRESS WINTER SPRING, FL 32768 STREET ADDRESS 2. 4 CITY - ST-ZIP Change Addition CITY - ST - ZIP NOWYEN DELETE 3.1 TITLE TITLE N. THORNTON AVE NAME 636 **3.3 STREET ADORESS** STREET ADDRESS ORLAGOO. 3.4 CITY - ST-ZIP ___ Addition CITY - ST - ZIP DELETE 4.1 TITLE TITLE 4.2 NAME 4.8 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Addition CITY-SY-ZIP Change DELETE 51 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP Addition CITY-ST-ZIP Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADORESS** STREET ADDRESS 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)(k). 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.

BIGHATURE AND TYPEO OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

0004213

SIGNATURE: