

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004487 (3)

1. Corporation Name

AMERICAN LEARNING ASSISTANCE INC.

Principal Place of Business

Mailing Address

636 NORTH THORNTON AVE.
STE. 01
ORLANDO FL 32803

636 NORTH THORNTON AVE.
STE. 01
ORLANDO FL 32803

2. Principal Place of Business

2a. Mailing Address

21 3118 CORRINE DR
Suite, Apt. #, etc.

26 3118 CORRINE DR
Suite, Apt. #, etc.

22 City & State
23 ORLANDO FLORIDA

27 City & State
28 ORLANDO FLORIDA

24 Zip 32803
25 Country

29 Zip 32803
30 Country

9. Name and Address of Current Registered Agent

NGUYEN, THEU
636 N. THORNTON AVE., STE. 01
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/20/1995

3a. Date of Last Report
09/03/1996

4. FEI Number
59-3343030

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

NGUYEN, THEU

82 Street Address (P.O. Box Number is Not Acceptable)

3118 CORRINE DR

83

84 City

ORLANDO

FL

85 Zip Code

32803

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 THEU NGUYEN THEU NGUYEN

9-5-97

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 D
NAME DO, PAUL
STREET ADDRESS 4788 WHITE WILLOW LN
CITY-ST-ZIP ORLANDO FL 32808 ☐ DELETE

TITLE D
NAME NGUYEN, KAREN
STREET ADDRESS 140 3RD ST.
CITY-ST-ZIP WINTER SPRING FL 32728 ☒ DELETE

TITLE T
NAME NGUYEN, THOMAS
STREET ADDRESS 636 N. THORNTON AVE
CITY-ST-ZIP ORLANDO FL 32803 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME DO, PAUL
1.3 STREET ADDRESS 4788 WHITE WILLOW LN
1.4 CITY-ST-ZIP ORLANDO, FL 32808 ☐ Change ☐ Addition

2.1 TITLE D
2.2 NAME NGUYEN, QUYNH
2.3 STREET ADDRESS 831 COWELL BLVD #C22
2.4 CITY-ST-ZIP ORLANDO, FL 32803 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME KIM, WOONJA
3.3 STREET ADDRESS 5631 PGA BLVD. #1026
3.4 CITY-ST-ZIP ORLANDO, FL 32834 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE PAUL DO 9-5-97 140 3RD ST

FILED

97 OCT 16 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)

Dep 61.25