

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary DIVISION OF CORPORATIONS	
DOCUMENT # N95000084719			
1. Corporation Name Academy for Continuing Education			
Principal Place of Business P.O. Box 69-3135 Miami, FL 33269-0135		Mailing Address	

2. Principal Place of Business 21 Unity Light of the World Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 69-3135 Suite, Apt. #, etc.	
22 City & State 23 Miami, FL 33056 Zip Country		27 City & State 28 Miami, FL Zip Country	
24 33056 25 Dade		29 33269 30 Dade	

3. Date Incorporated or Qualified 1995	3a. Date of Last Report 1996
4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Ruth Woods - Taylor 16800 NW 17th Ave Miami Florida 33065	
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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	
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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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Ruth Woods - Taylor (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	Doretha Nicholson
STREET ADDRESS	2190 NW 135th St
CITY-ST-ZIP	Miami, FL 33167
TITLE	<input type="checkbox"/> DELETE
NAME	Margaret Saint-Aubin
STREET ADDRESS	6513 NW 199 Lane
CITY-ST-ZIP	Miami, FL 33162
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PD Nicholson, Doretha
13 STREET ADDRESS	2190 NW 135th St
14 CITY-ST-ZIP	Miami, FL 33167
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D Saint-Aubin, Margaret
23 STREET ADDRESS	6513 NW 199 Lane
24 CITY-ST-ZIP	Miami, FL 33162
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D Lindsay, Shirley
33 STREET ADDRESS	6650 SW 5th St
34 CITY-ST-ZIP	Pembroke Pines FL
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	800002213908
63 STREET ADDRESS	-06/17/97--01002--024
64 CITY-ST-ZIP	***61.25

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: Margaret Saint-Aubin 3/16/97 305 625 5321
 Date Daytime Phone #
 Contact person: Doretha Nicholson

CR2E037 (9/96)