

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 046 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

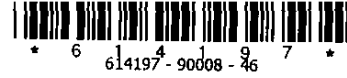


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000003468

Corporation Name

**DAE ASSOCIATION OF VOCATIONAL, ADULT, CAREER AN
 D COMMUNITY EDUCATION, INC.**



Principal Place of Business 1450 N.E. 2ND AVENUE MIAMI FL	Mailing Address 1450 N.E. 2ND AVENUE MIAMI FL
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Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/16/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0692185
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GEYER, GERALDINE M 1730 N.E. 142 STREET NORTH MIAMI FL		10. Name and Address of New Registered Agent	
81 Name	ISABELLE ROMEUS		
82 Street Address (P.O. Box Number is Not Acceptable)	1450 NE Second Avenue		
83 Room	832		
84 City	Miami	85 Zip Code	FL 33132

I, 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 Isabelle Romeus Isabelle Romeus, Treasurer 9/7/99
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME REET ADDRESS Y-ST-ZIP	CD VALMARIE, RHODEN 10151 N.W. 19 AVE MIAMI FL 33147 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D Wayne Jenkins 1450 NE Second Avenue Miami, Florida 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	SD GELINA, JUDITH 51 PARK STREET MIAMI SPRINGS FL 33166 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/D Robert Hernandez 751 Dove Avenue Miami Springs, Florida 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	TD GEYER, GERALDINE M 1730 N.E. 142 STREET NORTH MIAMI FL 33181 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T/D Isabelle Romeus 1450 NE Second Avenue Miami, Florida 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Wayne Jenkins SIGNATURE REQUIRED Wayne Jenkins 9/7/99 305-995-1849
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)