

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000003565 (5)**

1. Corporation Name

THE EDUCATION CENTER AT MIAMI LAKES INC.



Principal Place of Business	Mailing Address
20041 NW 66 PLACE MIAMI FL 33015	20041 NW 66 PLACE MIAMI FL 33015

2. Principal Place of Business	2a. Mailing Address
21 16359 N.W. 57th Avenue Suite, Apt. #, etc.	26 16359 N.W. 57th Avenue Suite, Apt. #, etc.
22 City & State	27 City & State
23 Miami, Fl. 33014	28 Miami, Fl. 33014
24 Zip	25 Country
33014	USA

3. Date Incorporated or Qualified	06/20/1997
4. FEI Number	65-0761770
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
PIPPING, BRIAN D 20041 NW 66 PLACE MIAMI FL 33015	

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD PIPPING, DIANE B
NAME	20041 NW 66 PLACE
STREET ADDRESS	MIAMI FL 33015
CITY-ST-ZIP	
TITLE	VD PIPPING, BRIAN D
NAME	20041 NW 66 PLACE
STREET ADDRESS	MIAMI FL 33015
CITY-ST-ZIP	
TITLE	SD SICA, JOSEPH
NAME	20041 NW 66 PLACE
STREET ADDRESS	MIAMI FL 33015
CITY-ST-ZIP	
TITLE	TD SICA, NIDIA
NAME	20041 NW 66 PLACE
STREET ADDRESS	MIAMI FL 33015
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD Pipping, Brian D.
1.2 NAME	20041 N.W. 66th Place
1.3 STREET ADDRESS	Miami, Fl. 33015
1.4 CITY-ST-ZIP	
2.1 TITLE	MD Pipping, Diane B.
2.2 NAME	20041 N.W. 66th Place
2.3 STREET ADDRESS	Miami, Fl. 33015
2.4 CITY-ST-ZIP	
3.1 TITLE	SD Dehmer, Isabel
3.2 NAME	6746 N.W. 193 Lane
3.3 STREET ADDRESS	Miami, Fl. 33015
3.4 CITY-ST-ZIP	
4.1 TITLE	TD Sellers, C. Norman
4.2 NAME	2517 N.E. 9th Avenue
4.3 STREET ADDRESS	Fort Lauderdale, Fl. 33305
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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 attachment with an address.

SIGNATURE *[Signature]*

CP2E037 (10/97)