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98 JUN -5 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003827 (9)**

1. Corporation Name

VANKARA EDUCATIONAL CENTER, INC.

Principal Place of Business

Mailing Address

**13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054**

**13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054**

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

65-0766027

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, ELVIA
13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054**

81 Name **Smith, Elvira**

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

83 **700002553587-6**

84 City

06/09/98-01113-884
*******70.FL *****70.00**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **TAYLOR, JOHN**
STREET ADDRESS **330 SEAMAN AVENUE**
CITY-ST-ZIP **OPA LOCKA FL 33054**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VT** ☐ DELETE
NAME **TAYLOR, MYRA**
STREET ADDRESS **330 SEAMAN AVENUE**
CITY-ST-ZIP **OPA LOCKA FL 33054**

2.1 TITLE **V/D/T** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SMITH, ELVIA**
STREET ADDRESS **13400 ALEXANDRIA DRIVE**
CITY-ST-ZIP **OPA LOCKA FL 33054**

3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **Smith, Elvira**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 in an attachment with an address.

SIGNATURE:

Elvira V. Smith

4-24-98 305-681-6121

CR2E037 (10/97)