

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90012 044 ****61.25

DOCUMENT # N98000002107

1. Corporation Name

INSTITUTE FOR QUALITY EDUCATION, INCORPORATED

Principal Place of Business

7333 MIAMI LAKES DRIVE
#215
MIAMI FL 33014

Mailing Address

7333 MIAMI LAKES DRIVE
#215
MIAMI FL 33014



2. Principal Place of Business

21 16260 W. Troon Circle

2a. Mailing Address

26 16260 W. Troon Circle

3. Date Incorporated or Qualified

04/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

31-1599548

Applied For

Not Applicable

City & State

23 Miami Lakes, FL

City & State

28 Miami Lakes, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 33014

Country

25 U.S.A.

Zip

29 33014

Country

30 U.S.A.

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET
SUITE 2800
MIAMI FL 33131

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, 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 ☐ DELETE

NAME AMADOR, DAISY C
STREET ADDRESS 1571 WEST 77TH STREET
CITY-ST-ZIP HIALEAH FL 33014

TITLE D ☐ DELETE

NAME MALIK, NEENA M
STREET ADDRESS 555 N.W. 34TH STREET #1502
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ DELETE

NAME LINDAHL, KRISTIN M
STREET ADDRESS P.O. BOX 249229
CITY-ST-ZIP CORAL GABLES FL 33124

TITLE P ☐ DELETE

NAME VOGEL, APRIL DR.
STREET ADDRESS 7333 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI FL 33014

TITLE VST ☐ DELETE

NAME GONZALEZ, JUAN DR.
STREET ADDRESS 7333 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI FL 33014

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Amel Vogel, Ph.D. REGISTERED AGENT

3-30-99 (305) 819-0926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)