

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 90011 044 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000004262

Corporation Name

THE MATER CENTER SCHOOL, INC.

Principal Place of Business
 8298 NW 103RD STREET
 HIALEAH GARDENS FL 33016

Mailing Address
 8298 NW 103RD STREET
 HIALEAH GARDENS FL 33016

614345-90011-44



Principal Place of Business 7700 NW 98th St.		2a. Mailing Address 6255 Bird Road	3. Date Incorporated or Qualified 07/17/1998
Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	4. FEI Number 65-0857507
City & State Hialeah Gardens, FL		27. City & State Miami, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33016	Country 25	Zip 33135	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ZULUETA, IGNACIO G ESQ
 6255 BIRD ROAD
 MIAMI FL 33155

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	D ROMAN, MIRIAM 6255 BIRD ROAD MIAMI FL 33155	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE	D CASTELLS, MATILDE 6255 BIRD ROAD MIAMI FL 33155	1.2 NAME	
<input type="checkbox"/> DELETE	D ORTEGA, JOSE 6255 BIRD ROAD MIAMI FL 33155	1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	D BALART, LINCOLN D 6255 BIRD ROAD MIAMI FL 33155	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	PD ZULUETA, FERNANDO J 6255 BIRD ROAD MIAMI FL 33155	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	ST FRESEN, MAGDALENA 6255 BIRD ROAD MIAMI FL 33155	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: Margdalena Fresen **SIGNATURE REQUIRED** 8/11/99 (786) 489-3611
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)