

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**APPROVED  
AND  
FILED**

**98 MAR 30 AM 11:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000027135 (1)**  
1. Corporation Name  
**YOLANDA'S GARDEN SCHOOL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2300 CORAL WAY #200 MIAMI FL 33145  
Mailing Address: 2300 CORAL WAY #200 MIAMI FL 33145

3. Date Incorporated or Qualified: 04/13/1993  
4. FEI Number: 65-0410000  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21. 2300 CORAL WAY  
22. SUITE #200  
23. MIAMI, FLORIDA  
24. 33145  
25. U.S.  
2a. Mailing Address  
26. 2300 CORAL WAY  
27. SUITE #200  
28. MIAMI, FLORIDA  
29. 33145  
30. U.S.

9. Name and Address of Current Registered Agent  
FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY #200 MIAMI FL 33145

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. 388882475033-0  
-04/01/98--01041--022  
84. City: \*\*\*150.00 FL \*\*\*150.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* AMADA CANTERA LOPEZ/PRES. 3/22/98

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, RAMON F	
STREET ADDRESS	1301 SW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, YOLANDA	
STREET ADDRESS	1301 SW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*[Handwritten: 1/73/30]*

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/22/98

CR2E034 (10/97)