

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 06 1996 8:00 am  
Secretary of State

DOCUMENT # P930000 38411

1. Corporation Name  
*The Learning Nest Academy, Inc.*

Principal Place of Business Mailing Address  
*20432 N. W. 44<sup>th</sup> Court  
Miami, Florida 33055*

3. Date Incorporated or Qualified <i>6/30/93</i>	3a. Date of Last Report <i>1995</i>
4. FEI Number <i>65-0419771</i>	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. <i>Same</i>	2a. Mailing Address 26. <i>Same</i>
Suite, Apt #, etc. 22. <i>N/A</i>	Suite, Apt #, etc. 27. <i>-</i>
City & State 23. <i>Miami, Florida</i>	City & State 28. <i>-</i>
Zip 24. <i>33055</i>	Country 29. <i>-</i>
Country 25. <i>State</i>	Country 30. <i>-</i>

9. Name and Address of Current Registered Agent  
*LODZ DEETSJEN  
20432 N. W. 44<sup>th</sup> Court  
Miami, Florida 33055*

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	<i>N/A</i>
83.	
84. City	<i>FL</i>
	85. Zip Code

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 *L. Deetsjen, President* 3/3/96  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Luce St. Phard DEETSJEN 1729 Plainview Avenue Far Rockaway, N.Y. 11691</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Treasurer</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>/</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>/</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>/</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>/</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*200.00

*DPB 3/6/96*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *L. Deetsjen, President* 3/3/96 (305) 624-0545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)