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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION IAL REPORT 1996	Secreta	B. Mortham ary of State CORPORATIONS		
DOCUN 1. Corporation	MENT # P93	000083733 (4)		
i '	RTEACH, INC.				
Principal Place	of Business	Malling Address			99 111 97 101 19196 21811 59640 41100 1811 1991
MIAMI FL 33133 M		3610 DOUGLAS RD Miami FL 33133 US		Date Incorporated or Qualified	3a. Date of Last Report
			**************************************	01/01/1994	03/23/1995
Principal Place of Business Section 21		2a. Mailing Address		4. FEI Number 65-0457232	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	☑ No
	9. Name and Address of (Current Registered Agent	81 Name	10. Name and Address of New Re	egisterea Agent
3610 D	Teresa G Ouglas RD FL 33133		82 Street Add	fress (P.O. Box Number is Not Acceptable	9)
			84 City		FL 85 Zip Code
11. Pursuant to register familiar with SIGNATURE	to the provisions of Sections 60 ed agent, or both, in the State of the and accept the obligations of Signature, bjed or protest name of register.	ol, Section 607.0505, Florida Statutes.	es, the above-named corpo ed by the corporation's boa	oration submits this statement for the purport of directors. Thereby accept the appo	
12.	The state of the s	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIGO, TERESA G. 3610 DOUGLAS RD MIAMI FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP		Change Addition
TITLE NAME STREET ADDRESS	1111 911 1	DETELE	2. 1 THUE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-S1-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		[] DELETE	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		OELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREE: ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	5. 1 TITLE		Change Addition

14. I do hereby certify that the information supplied with this filling 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 trusted 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.

5.2 NAME 5.3 STREET ADORESS

6 1 TITLE 6.2 NAME

5.4 CITY - ST - ZIF

6.3 STREET ADDRESS

6.4 Ci1Y - ST - ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

officer on Display 10 END 4/29/96

DELETE

Change

CR2E034 (12/95)

Addition