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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham 🦜

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000021151 (3)

OLD CUTLER ACADEMY, INC.

Principal Place of Business

Mailing Address

## FILED Mar 06 1997 8:00am Secretary of State



20200 OLD CUTLER ROAD MIAMI FL 33189		20200 OLD CUTLER ROAL MIAMI FL 33189-1919	20200 OLD CUTLER ROAD MIAMI FL 33189-1919				
					3. Date Incorporated or Qualified 03/18/1994	3a. Date of Las 11/12/1990	
2. Principal Fl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<del>├</del> ¬		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\simega\) No		
	9, Name and Address o	f Current Registered Agent			10. Name and Address of New Re	gistered Agent	
HER	RNANDEZ, MERCY		8	1 Name			
20200 OLD CULTER ROAD MIAMI FL 33189			8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)		
			8	3			
•			8	4 City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida Statut	es, the abo	ive apred co	rporation submits this statement for the p	urnoso of chancin	g its registered
office or r	registered agent, or both, in t	he State of Florida. Such change was be obligations of Section 607.0505. It	authorized orida Statul	by the corpora	ation's board of directors. I hereby accep	ot the appointment	as registered
SIGNATURE	. 1		mu	4. Se		21.08 WAL	
SIGNATURE	Signature, typied or printed name of rec	pstered agent and title if applicable (NOT	E. Register d /	lgant signature requ	muso when remerative)	DATE	
12.		ERS AND DIRECTORS	13.	ل_	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
THILE	PD HEDOV	DELETE	1.1 TITU	1		L_I CIBIN	je 🗀 Austroli
NAME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.2 NAM				
STREET ADORESS	LUASH PL ANDRO			ET ADDRESS			
COMM-ST-ZP TRUE			21 TITL	- ST - ZIP		Chang	ne Addition
NAME	HERNANDEZ, WILLIAM			ĺ			
STREET ADDRESS				ET ADDRESS			
CITY ST-ZIP	14141 F1 00400			Y-ST-ZIP			
III.E			3.1 TITL			Chan	je 🔲 Addition
NAME			3.2 NAM	IE			
STREET ADDRESS			3.3 STR	EET ADORESS			
CITY - ST - ZIP			3.4. CIT	Y-ST-ZIP			
TillF	☐ DELETE		4.1 TITU	E		☐ Chan	ge 🔲 Addition
NAME			4. 2 NA	AE			
STREET ADDRESS			4.3 SIR	EET ADDRESS			
CHY+S1+ZIP			4.4 CIT)	'-ST-ZIP			4 1 120
THUE	OELETE		5.1 TITL	E	*. •	L Chan	ge 🔲 Addition
NAME			5.2 NAN	1E			
STREET ADDRESS				EET ADDRESS	•		
City - St - 2iP				/-ST-ZIP			no I Addition
TELLE		☐ DELETE	6.1 TITL	i i		Chan	ge Addition
NAME			6 2 NAN	l l			
STREET ADORESS				EET ADDRESS			
C(1Y+S1-Z)P			6.4 CITY	r-ST-ZIP			

14. I do 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 receipter or trustee enhowered 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 affactment with an address.

SIGNATURE:

William Sung Sacoral

lan 30,1997

(305) 252-7744