SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthara ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000039221 (4) DOCUMENT # GIDEON ACADEMY, INC. Principal Place of Business Mailing Address 3501 W FLAGLER ST 3501 W FLAGLER ST MIAMI FL 33135 MIAMI FL 33135 3a. Date of Last Report 3 Date incorporated or Qualified 09/15/1995 05/18/1994 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 1245 Dove Ave 65-0494758 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 50 Added to Fees 28 MANIA Trust Fund Contribution 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No ME Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VELAZQUEZ, JOSE G Street Address (P.O. Box Number is Not Acceptable) 3501 WEST FLAGLER STREET 82 MIAMI FL 33135 83 Zip Code 84 City 85 Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby abused the appointment as registered packet the objections of, Section 607 0505, Florida Statutes. 11. Pursuant to the provisions office or registered agent agent I am familiar with SIGNATURE (NOTE Regilitered Agent signature required when renestiting) actored agent and life it appinable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 12 13 ___ Change ___ Addition DELETE 1.1 Tillue TITLE VĚLAZQUEZ, JOSE G 1.2 NAME CR2E034 NAME 3501 W FLAGLER ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33135 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ____ Addition 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition ETTILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C/TY - ST - ZIP CITY - ST-ZIP high symbol states and does not qualify for the exemption stated in Section 119.07(3)(k). Fronda Statutes 1 in high report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if sector or the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and 14. I do hereby certify that the information s further certify that the information indica made under oath, that I am an officer that my name appears in Block 12 or k 13 if changed, or on an attachment with an address SIGNATURE: \ Listytis e Éticino # PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR