

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 AUG -4 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000029435 (1)

1. Corporation Name  
EDUCATIONAL SYSTEMS OF DADE COUNTY, INC.

Principal Place of Business

7236 SW 56 AVE.  
S. MIAMI FL 33143

Mailing Address

7236 SW 56 AVE.  
S. MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

07/24/1996

4. FEI Number

65-0580866

Applied For

Not Applicable

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 5901 SW 74 ST

Suite, Apt. #, etc.

22 Suite 203

City & State

23 Miami FL

Zip

24 33143

Country

25 Dade

2a. Mailing Address

26 5901 SW 74 ST

Suite, Apt. #, etc.

27 Suite 203

City & State

28 Miami FL

Zip

29 33143

Country

30 Dade

9. Name and Address of Current Registered Agent

KELLOGG, LAWRENCE A  
201 S. BISCAYNE BLVD., STE. 2800  
MIAMI FL 33131-4336

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME DARDICK, CAROL  
STREET ADDRESS 7236 SW 56 AVE.  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE DT ☒ DELETE

NAME DARDICK, EUGENE  
STREET ADDRESS 7236 SW 56 AVE.  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE DS ☐ DELETE

NAME DARDICK, JULIE  
STREET ADDRESS 7236 SW 56 AVE.  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Julie Dardick

1.3 STREET ADDRESS 5901 SW 74 Street # 203

1.4 CITY-ST-ZIP Miami, FL 33143

2.1 TITLE DS ☐ Change ☒ Addition

2.2 NAME Alexandra Ucholsler

2.3 STREET ADDRESS 5901 SW 74 ST # 203

2.4 CITY-ST-ZIP Miami, FL 33143

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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 Julie Dardick, Julie Dardick 8-1-97 335161833

CR2E034 (4/97)