

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000052367 (6)**

1. Corporation Name

USCONNECT EDUCATION CENTERS OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

7400 S.W. 50TH TERRACE
#100
MIAMI FL 33135

7400 S.W. 50TH TERRACE
#100
MIAMI FL 33135

3. Date Incorporated or Qualified **07/07/1995** 3a. Date of Last Report

21. Principal Place of Business

2a. Mailing Address

4. FEI Number **650601482** Applied For Not Applicable

11200 Pines Blvd

11200 Pines Blvd

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. **Suite 200**

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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State **Pembroke Pines, FL**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip **33026** Country **USA**

Zip **33026** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBAR, NEAL
7400 S.W. 50TH TERRACE
#100
MIAMI FL 33135

81 Name **Jeff Greenberg**
82 Street Address (P.O. Box Number is Not Acceptable) **11790 SW 89 Street**
83
84 City **Miami** FL 85 Zip Code **33186**

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

Jeff Greenberg

DATE **1/19/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LEBAR, NEAL
STREET ADDRESS	7400 S.W. 50TH TERRACE #100
CITY - ST - ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Greenberg, Jeff
1.3 STREET ADDRESS	11790 SW 89 Street
1.4 CITY - ST - ZIP	Miami, FL 33186
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Jeff Greenberg

DATE **1/14/96** 305-2718998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)