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 CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000062892 (1)**

1. Corporation Name

NOA'S ARCH LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
15556 S.W. 47TH TERRACE MIAMI FL 33185	15556 S.W. 47TH TERRACE MIAMI FL 33185

3. Date Incorporated or Qualified: 08/15/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 14543 S.W. BIRD RD.
22: Suite, Apt. #, etc
23: City & State: MIAMI - FLA
24: Zip: 33175
25: Country: U.S.A.

2a. Mailing Address
26: 14543 S.W. BIRD RD.
27: Suite, Apt. #, etc
28: City & State: MIAMI - FLA
29: Zip: 33175
30: Country: U.S.A.

4. FEI Number: 65-0604095 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOA, RICELINA
15556 S.W. 47TH TERRACE
MIAMI FL 33185

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Julius Noa, PRESIDENT DATE: 06 14 96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	NOA, RICELINA		
STREET ADDRESS	% 15556 S.W. 47TH TERRACE		
CITY-ST-ZIP	MIAMI FL 33185		
TITLE	VTDD	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	NOA, ALEJANDRO		
STREET ADDRESS	% 15556 S.W. 47TH TERRACE		
CITY-ST-ZIP	MIAMI FL 33185		
TITLE	SVD	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	DE BRUN, CELINA G		
STREET ADDRESS	% 15556 S.W. 47TH TERRACE		
CITY-ST-ZIP	MIAMI FL 33185		
TITLE		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julius Noa. 226437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Electronic Filing Number

0073417 CP