

FILE NOW: FILING FEE AFTER MAY 1ST 16 \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000081792 1. Corporation Name Edusa Holding Inc.					
Principal Place of Business			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 12952 SW 133 Ct Suite, Apt. #, etc. B- City & State Miami, Fl. Zip 33186 Country Dade			2a. Mailing Address 26 12952 Sw. 133 Ct. Suite, Apt. #, etc. B City & State Miami, Fl. Zip 33186 Country Dade		
3. Date Incorporated or Qualified 10/25/1995			4. FEI Number 65-0620149		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent Eduardo Saenz 12952 SW 133 Ct. Ste B Miami, Fl. 33186			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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I 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: *Eduardo Saenz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

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