FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

4747 HOLLYWOOD BOULEVARD, SUITE 231

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

4747 HOLLYWOOD BOULEVARD, SUITE 231

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063707 (9)

AMERICAN FAMILY EDUCATIONAL SERVICES OF SOUTH FLORIDA. INC.

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HOLLYWOOD FL 33021 HOLLYWOOD FL \$3021-6503 3a. Date of Last Report 3. Date Incorporated or Qualified 07/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. PTD DELETE Change Addition TITLE 1.1 TITLE LUNETTA, BEVERLY G 1.2 NAME NAME 4747 HOLLYWOOD BOULEVARD, SUITE 231 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP City - ST - ZIF DELETE Change Addition Tille 2.1 TITLE LUNETTA, SUSAN R NAMI 2.2 NAME 4747 HOLLYWOOD BOULEVARD, SUITE 231 STREET ADDRESS 23 STREET ADDRESS HOLLYWOOD FL 33021 2.4 City-St-ZiP CITY-ST DELETE 3.1 TITLE Change Addition THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY- \$1-7IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP Change DELETE 5.1 TITLE Addition THE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-Zir DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 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