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

APPROVED AND FILED

97 DEC 15 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000082825 (6)

1. Corporation Name
MY SCHOOL PAL INC.

Principal Place of Business	Mailing Address
8216 W. FLAGLER ST. MIAMI FL 33144	8216 W. FLAGLER ST. MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0699038	☐ Applied For ☐ Not Applicable
21: 8214 W. Flagler St.	26: 8214 W. Flagler St.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22: Miami, FL 33144	27:		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23:	28: Miami, FLA		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24: 33144 25: USA	29: 33144 30: USA		

9. Name and Address of Current Registered Agent

RODRIGUEZ, CLAUDINA
8216 W. FLAGLER ST.
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: Rodriguez, Claudina
82 Street Address (P.O. Box Number is Not Acceptable): 8214 West Flager St.
83:
84 City: Miami FL 85 Zip Code: 33144

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: Claudina Rodriguez — 11/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE: President, Treasurer	☑ Change ☐ Addition
NAME	DOMINGUEZ, ISABEL C		2.2 NAME	
STREET ADDRESS	8186 NW 10 ST., UNIT 5		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE: Vice Pres., Secretary	☑ Change ☐ Addition
NAME	RODRIGUEZ, CLAUDINA C		3.2 NAME	
STREET ADDRESS	11400 SW 123 ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	A. Alan 12/15/97 ☐ Change ☐ Addition

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CR2E034 (4/97)

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: [illegible] — 11/13/97
NAME AND TITLE DATE