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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000103781**

INTERNATIONAL ADULT LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



1290 EAST OAKLAND PARK BLVD., STE. 102-A FT. LAUDERDALE FL 33334		1290 EAST OAKLAND PARK BLVD., STE. 102-A FT. LAUDERDALE FL 33334-4443			-A					
						3. Date Incorporated or Qualified 12/20/1996	3a. Date o	f Last R	leport	
_ `	Place of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For	
21		26				65-07226/3		No	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
	RES, EUGENIO R		8	1 Nai	me					
1290 EAST OAKLAND PARK BLVD., STE. 102-A FT. LAUDERDALE FL 33334			8	2 Stro	eet Addre	ddress (P.O. Box Number is Not Acceptable)				
, , ,	DAODENDALE 1 E 00004		8	3						
			8	4 City	/		FL 8	5 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Stat	utes, the abo	ve-nari	ned coroo	oration submits this statement for the n	Urpose of cha	naina it	s registered	
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. Section 607.0505, Florida Statutes.										
SIGNATURE	SUTTILL VE TIME	Vs. P. WOOM 1	D. P.	TOA	IKE!	r	4/15	9		
	Symmure, typed or printed name of registered ag-			gent sign	ature required	d when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE NAME	TODOCO ELIGENIO D		1.1 11111		Li Char		Change	Addition		
STREET ADDRESS	1891 SW 81 AVE., APT. 209		1.2 NAM							
CITY-ST-ZIP	N. LAUDERDALE FL 33068			ET ADDRE	.55				Į.	
TITLE	VS	DELETE	1.4 C(TY 2.1 T(TL)					Change	Addition	
NAME	ECRINGEA EL ODENICIA			2.2 NAME			_	- II- Ig		
STREET ADDRESS	10750 WASHINGTON ST., #30	5	2.3 STREFT ADDRESS		ss					
CITY-ST-ZIP PEMBROKE PINES FL 33025				2. 4 CITY - ST #ZIP						
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME			3.2 NAM	E					ŀ	
STREET ADDRESS			3.3 STRE	E I ADDRE	ss					
CITY-ST-ZIP			3.4. 001	- \$1 - ZIP						
TITLE		☐ DELETE	4.1 TITLE					Change	Addition	
NAME -			4. 2 NAN	E						
STREET ADDRESS			4.3 STRE	ET ADDRE	SS					
CITY-ST-ZIP		Tor. see	4.4 City			· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	5.1 TO LE					Change	Addition	
NAME OTREET ARRESTS			5.2 NAM				- (_1		
STREET ADDRESS				FT ADDRE	SS		C	\mathcal{O}_{l}	11,	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY					Change	→ Addition	
NAME		[Detter	6.1 TITLE 6.2 NAM			00000216	53 H	Change 		
STREET ADDRESS					cc	00000216 -05/05/970102	4010			
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		00	***165.00				
U111-Q(*4IF			0.9 GHY	31-ZI						

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 of the preciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name