

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

FILED

**Feb 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000001705 (7)
 1. Corporation Name
BOLA CHILDCARE & LEARNING CENTER INC.



Principal Place of Business 18542 NW 23RD CT. MIAMI FL 33056	Mailing Address 18542 NW 23RD CT. MIAMI FL 33056
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7929 N.E. 1st AVE		2a. Mailing Address 26 7929 N.E. 1st AVE		3. Date Incorporated or Qualified 01/02/1997	
22 MIAMI FL		27 MIAMI FL		4. FEI Number 65-0760793	
23 MIAMI FL		28 MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33138 25 USA		29 33138 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent AKINBIYI, SUNDAY 18542 NW 23RD CT. MIAMI FL 33056				10. Name and Address of New Registered Agent	

b1 Name	
b2 Street Address (P.O. Box Number is Not Acceptable)	
b3	
b4 City	b5 Zip Code FL

11. Pursuant to the provisions of Sections 607.0802 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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKINBIYI, SUNDAY		1.2 NAME SUNDAY AKINBIYI	
STREET ADDRESS 18542 NW 23RD CT.		1.3 STREET ADDRESS 18542 NW 23rd Ct	
CITY-ST-ZIP MIAMI FL 33056		1.4 CITY-ST-ZIP MIAMI, FL 33056	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKINBIYI, JOSEPHINE		2.2 NAME JOSEPHINE AKINBIYI	
STREET ADDRESS 18542 NW 23RD CT.		2.3 STREET ADDRESS 18542 NW 23rd Ct	
CITY-ST-ZIP MIAMI FL 33056		2.4 CITY-ST-ZIP MIAMI, FL 33056	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  (305) 751-4191

CR2E034 (10/97)