

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000013611 (3)

1. Corporation Name

EDUCATIONAL IMPORT/EXPORT INC.

Principal Place of Business

421 NE 28TH ST  
MIAMI FL 33137

Mailing Address

421 NE 28TH ST  
MIAMI FL 33137

2. Principal Place of Business

21 2340 NE 5th Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 2340 NE 5th Ave  
Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33137

Country

25 MIAMI-DADE

28

City & State

28 MIAMI, FL

Zip

29 33137

Country

30

City & State

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

RIMOLDI, PATRICIA C

421 NE 28TH ST

MIAMI FL 33137

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

*[Signature, typed or printed name of registered agent and title if applicable]*

(NOTE: Registered Agent signature required when reinstating)

03-12-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIMOLDI, PATRICIA C		1.2 NAME	
STREET ADDRESS	421 NE 28TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDARELLI, DANIEL A		2.2 NAME	
STREET ADDRESS	421 NE 28TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY-ST-ZIP	
TITLE	NAME	<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	NAME	<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	NAME	<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	NAME	<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:

400002466234  
-03/24/98--01024--007  
\*\*\*158.75

CR2E034 (10/97)

03-12-98 (305)-573-7950