


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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000037730 (3) 1. Corporation Name ACHIEVEMENT RESOURCE CENTER, INC.			
Principal Place of Business 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126		Mailing Address 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126	
2. Principal Place of Business 21 9860 SW 136 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip Country 24 33176 25		2a. Mailing Address 26 9860 SW 136 ST Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip Country 29 33176 30	
3. Date Incorporated or Qualified 04/28/1997			
4. FEI Number 65-0754175 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LEDER, NATHAN I 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	
		FL	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GROSS, BONNIE GOLD		
STREET ADDRESS	5200 BLUE LAGOON DRIVE, #600		
CITY-ST-ZIP	MIAMI FL 33126		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ROSS, NAN LAWRENCE		
STREET ADDRESS	5200 BLUE LAGOON DRIVE, #600		
CITY-ST-ZIP	MIAMI FL 33126		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	9860 SW 136 ST		
1.4 CITY-ST-ZIP	MIAMI FL 33176		
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS	9860 SW 136 ST		
2.4 CITY-ST-ZIP	MIAMI FL 33176		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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: Bonnie Gross Bonnie Gross V.P. 1/31/98 305-238-9463			

CR2E034 (10/97)