

FILED

Aug 17 1998 8:00am
Secretary of State

DOCUMENT # P97000056516 (2)

ENGLISH PROGRAMS ALCALA CORPORATION

100-443887-1000

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number 65-0765167	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81	Name	CHRISTINA POW
82	Street Address (P.O. Box Number is Not Acceptable)	520 BRICKELL KEY Dr #917
83		
84	City	MIAMI
	FL	
85	Zip Code	33131

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 provisions of section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	<div>500002618715</div> <div>-08/18/98--01037--016</div> <div>***150.00</div>	
6.3 STREET ADDRESS	<div>PC</div> <div>8-17</div>	
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:

July 18 1998 505-374-4903

CR2E034 (5/98)

Pg 2

Alfonso Ordoñas
701 Brickell Key Drive
1008
Miami, Florida 33131

Florida Dept of State
Division of Corporations

To whom it may concern,

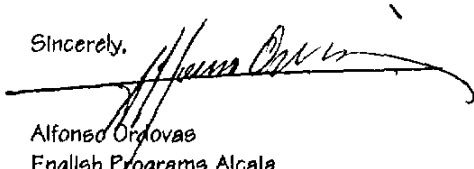
Enclosed is a check for \$150.00 which excludes the delay fee for ENGLISH PROGRAMS ALCALA.
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I had not received the first notice which was sent to my attorney, who was negligent in not advising me.
Today I received the 2nd notice, as the attorney forwarded it to my home.

I am hoping the \$150.00 will be accepted as it was in error that the first notice was not paid. I have
requested an address change in order to prevent any further delays.

Thank You for your understanding,

Sincerely,


Alfonso Ordoñas
English Programs Alcala