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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000057904

SOLUTIONS COMMON SENSE IN EDUCATIONAL PRACTICES,

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Principal Plai	ce of Business	Mailing Address			I SENIERRI SIN ISILI ISNII NEILI NAILI SAILI SAILI	ENI 16919 161	TO MARTIN AFAIT FAMIL -
833 N.E. 17TH FORT LAUDER	I WAY PDALE FL 33304	833 N.E. 17TH WAY FORT LAUDERDALE FL 3330	04		DO NOT WRITE IN THIS	SPACE	
,	•				3. Date Incorporated or Qualifed 06/30/1997		
2. Principal i	Place of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21		26			65-0769522	, N	lot Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.	• .		5. Certificate of Status Desired		Additional , Required
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country /	Zip [39]	Country 30		This corporation owes the current year Int. Personal Property Tax.	angible Yes	□No
	9. Name and Address of Curren			· ·	10. Name and Address of New Registered	Agent	-
		Victoria de la Propinsión de la Companya del Companya del Companya de la Companya	81 1	Name			
SU 278	e, thomas G esq. 7 e: Oakland Park Blvd.		82 5	Street Addres	s (P.O. Box Number is Not Acceptable)		
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FT.	LAUDERDALE FL 33018		84 (O.L.	र के प्रकार के लिए हैं जिल्हा कि किस है जिल्हा है जिल्हा है जिल्हा है	85 Zip	Code 1 22
		-	84 \	City	FL	. 65 21	Code
office or agent. I	am familiar with, and accept the obliga	of Florida. Such change was autions of, Section 607.0505, Flori	thorized by the da Statutes.	e corporation'	ation submits this statement for the purpose of s board of directors. I hereby accept the appoin	ntment as r	egistered
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: f	Registered Agent si	gnature required w	then reinstating) DATE		 .
12.		nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signal	gnature required w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12. TITLE				gnature required w	- Arianian	ID DIRECT	
	OFFICERS AN	D DIRECTORS	13.	gnature required w	- Arianian		
TITLE	PD GRANIERO, GERARD M 833 N.E. 17TH WAY	D DIRECTORS	13. 1.1 TITLE		- Arianian		
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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 suppliemental 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90058 020 ***150.00