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Jan 29 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 # P97000065462 (8)

1. Corporation Name

VIRTUAL ACADEMIES OF AMERICA, INC.

Principal Place of Business

8300 NW 53RD ST., STE. 308
MIAMI FL 33166

Mailing Address

8300 NW 53RD ST., STE. 308
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1997

2. Principal Place of Business

21 420 Lincoln Road

2a. Mailing Address

26 420 Lincoln Road

Suite, Apt. #, etc.

22 Suite #432

Suite, Apt. #, etc.

27 Suite #432

City & State

23 Miami Beach, FL

City & State

28 Miami Beach, FL

Zip

24 33139

Country

25 USA

Zip

29 33139

Country

30 USA

4. FEI Number

65-0806077

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

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

PLC Investments, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

420 Lincoln Road

83

Suite 432

84 City

Miami Beach

FL

85 Zip Code

33139

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

Sandra B. Mortham, Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CEJAS, PABLO L.
STREET ADDRESS 8300 NW 53RD ST., STE. 308
CITY-ST-ZIP MIAMI FL 33166

TITLE D ☐ DELETE

NAME NEITZEL, JULIE L.
STREET ADDRESS 8300 NW 53RD ST., STE. 308
CITY-ST-ZIP MIAMI FL 33166

TITLE D ☒ DELETE

NAME VISIEDO, OCTAVIO
STREET ADDRESS 8300 NW 53RD ST., STE. 308
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Hilda Montero
1.3 STREET ADDRESS 420 Lincoln Road Suite 432
1.4 CITY-ST-ZIP Miami Beach, FL 33139

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Pablo L. Cejas

1/23/98

(305) 531-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone # 0231970

CR2E034 (10/97)