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Jul 07 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 # P97000070268 (2)
1. Corporation Name
F.I.A. LEARNING CENTER, INC.



Principal Place of Business Mailing Address
661 NE 125TH STREET 661 NE 125TH STREET
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		08/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0845271	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		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	
24		29		30	

9. Name and Address of Current Registered Agent

HOLASH, LISE M
270 NE 200TH TERRACE
NORTH MIAMI FL 33161

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 33179

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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOLASH, LISE M	1.2 NAME	
STREET ADDRESS	200 NE 200TH TERRACE	1.3 STREET ADDRESS	270 NE 200 TERRACE
CITY-ST-ZIP	MIAMI FL 33179-2647	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	RUTHENBERG, MARVIN	2.2 NAME	
STREET ADDRESS	9501 E. BAY HARBOR DRIVE APT. 5A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	KIRSCHNER, JACK	3.2 NAME	
STREET ADDRESS	3745 NE 171 STREET APT. 17	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	WYCHERT, DAVID	4.2 NAME	
STREET ADDRESS	19650 RED MAPLE LANE	4.3 STREET ADDRESS	JUPITER, FL 33458
CITY-ST-ZIP	JUPITER FL 33458	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VD
NAME		5.2 NAME	RICHARD F. OTIS
STREET ADDRESS		5.3 STREET ADDRESS	270 NE 200 TERRACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33179-2647
TITLE		6.1 TITLE	
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: Richard F. Otis, President F.I.A. LEARNING CENTER, INC. 4/30/98 305-891-3707

CR2E034 (10/97)