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PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107728

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OFFERL	E-LERNER, INC.						
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Principal Place of Business Mailing Address					1.	ř	
13831 SW 59TH STREET 13831 SW 59TH STREET							
SUITE 200 SUITE 200							
MIAMI FL 33183 MIAMI FL 33183			L		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/24/1997		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0801116	H	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					Additional
_					5. Certifcate of Status Desired	1 1	Required
22		City & State					
City & Stat	te .	⊢ '			6, Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	У	8. This corporation owes the curr	· <u>-</u>	
24	25	29	30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New F	Registered Agent	
•			81	1 Name			<i>'</i>
	NER, ALAN D						
13831 SW 59TH STREET		82	2 Street Addre	ess (P.O. Box Number is Not Accepta	ible)	7 3 1	
SUIT	TE 200		83		وره کور در دروه در چیا در	49 (S) (C) 4	1.5.1.6811571.1481
	WI FL 33183		•	'		一层层层 经产品库	y i i i i i
WILLIAM	#II 1 E 33 100		84	4 City	The second second	85 7i	p Code
-],		FL "	
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abov	ve-named corpo	oration submits this statement for the	purpose of changing	its registered
GY Office or I	rogistored agent or both in the State (
Shift of the	registered agent, or both, in the state t	of Florida. Such change was au	thorized by	v the corporatio	n's board of directors. I hereby accep	ot the appointment as	registered
Sagent. La	im familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	uthorized by ida Statute:	v the corporatio	n's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE	im familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statute:	y the corporatio s.			registered
SIGNATURE	am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statute:	v the corporatio	when reinstating)	DATE	
SIGNATURE	am familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	tions of, Section 607.0505, Flori t and title if applicable. (NOTE: D DIRECTORS	Registered Age	y the corporatio s.	when reinstating) ADDITIONS/CHANGES TO OF	DATE	TORS IN 12
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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 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 chapter or on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90059 043 ***150.00

305-385-1700