FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90102 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999						-						
DOCUI	MENT # PO	980000	19495										,
	E MENTAL APTITI	UDE, INC.			·		- (
, 00,,,,,							1 11	61 61 11 16 16 16 16		(
Principal Place	e of Business		Mailing Address				'"	\$114B(1(0 10·0· · · · · · ·			• • • • • • • • • • • • • • • • • • • •	•	•
401 SOUTHWEST 1007H AVENUE 401 SOUTHWEST 1007H AVENUE							}						
MIAMI FL 3317	ŧ .		MIAMI FL 33174					DO NO.	WRITE !	IN THIS :	SPACE		
							3, Date Inc	corporated or Cit	alifed				
							03/02/						
2. Principal P	tace of Business	h-	2a. Mailing Address				4. FEI Nur	nber - <i>0824</i> (سرد وسرم			Applied	
21		:	26				65	0021	ربع		\$8.75		plicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5, Certifica	te of Status Des	ired [)		Requir	
22 City & State			27 City & State				6. Election	Campaign Fina	ncing r		\$5.0	O_May	Be
23	-	<u> </u>	28				Trust Fo	and Contribution				d to Fe	985
Zip	Countr	y	Zip Country					poration owes the	ne current	year Inta	ngible Ves		.
24	25		29	30	1	· · · ·		I Property Tax. and Address of	Nau Da~	istered f		اب	
	9, Name and Address	ess of Current Re	egistered Agent		81	Name					eR our		
AME	RILAWYER						Sout						
	ALMERIA AVENUE				82	Street A	odress (P.O. Box	Number is Not A	Copiani	ve	•		
COR	IAL GABLES FL 3313	34			83	<u>·</u>							
					84	City					85 Zis	Code	
					1 1	· · · · · · · · · · · · · · · · · · ·	4. AMI			<u>FL</u>	1 1 3	37	74
11. Pursuant	to the provisions of Sec	tions 607.0502 ar	nd 607.1508, Florida Stat	ules, the a	bove	-named c	orporation submits	this statement t	or the pur	pose of c	hanging i	ts regi	stered
Outce of t	egistered agent, or ook				l by t	he comor	ration's board of di	rectors, I hereby	accept th	на аррокл	III MAIILE GENERAL	i offizio	
agent. i a	m tamiliar with, and acc	ept the obligation	ol, Section 607.0505, F	iorida Stat	d by t utes.	the corpor	ation's board of di	rectors. I hereby	accept th	на арринт		i la	ned .
agem. I B	rorus	ω	nd 607.1508, Florida Stati Igrida. Such change was of, Section 607.0505, F	_				rectors, I hereby		DATE DATE	4/11	/9	red F
SIGNATURE	Signature, typed or printed many	ω	I title if applicable. (NO	_			quired when reinstating)	nectors. I hereby		DATE	DIRECT	TORS	IN 12
	Signature, typed or printed many	n of registered agent and	I title if applicable. (NO	TE: Registered	Agent		quired when reinstating)			DATE	<u>.~/ </u>	TORS	<u></u>
SIGNATURE	Signature, typed or printed ream	n of registered agent and	d title it applicable. (NO	TE: Registered	Agent		quired when reinstating)			DATE	DIRECT	TORS	IN 12
SIGNATURE	PSTO	a of registered agent and OFFICERS AND D	Stee & applicable. (NO DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 S1	Agent TILE AME	alignature req	quired when reinstating)			DATE	DIRECT	TORS	IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALDES, SONIA	a of registered agent and OFFICERS AND D	Little of applicable. (NO	13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/	Agent TLE AME TREET	alignature req	quired when reinstating)			DATE	DIRECT Change	TORS	IN 12 Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD VALDES, SONIA 401 SOUTHWEST	a of registered agent and OFFICERS AND D	Stee & applicable. (NO DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 S/ 1.4 C/ 2.1 T/	Agent TLE AME TREET	alignature req	quired when reinstating)			DATE	DIRECT	TORS	IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD VALDES, SONIA 401 SOUTHWEST	a of registered agent and OFFICERS AND D	Little of applicable. (NO	13. 1.117 1.2 N/ 1.3 S1 1.4 C1 2.1 T1 2.2 N/	Agent TILE AME TREET	ADDRESS	quired when reinstating)			DATE	DIRECT Change	TORS	IN 12 Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD VALDES, SONIA 401 SOUTHWEST	a of registered agent and OFFICERS AND D	Little of applicable. (NO	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST	Agent TILE AME TREET	ADDRESS - ZIP - ADDRESS	quired when reinstating)			DATE	DIRECT Change	TORS	IN 12 Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD VALDES, SONIA 401 SOUTHWEST	a of registered agent and OFFICERS AND D	Little of applicable. (NO	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST	Agent TILE AME TREET, TILE AME TREET,	ADDRESS - ZIP - ADDRESS	quired when reinstating)			DATE	DIRECT Change	TORS	IN 12 Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALDES, SONIA 401 SOUTHWEST	a of registered agent and OFFICERS AND D	USE A RESPICAZION (NO DELETE	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 CT 2.1 T/ 2.2 N/ 2.3 ST 2.4 C	Agent TILE AME TIV-ST- TILE AME TIREET:	ADDRESS - ZIP - ADDRESS	quired when reinstating)			DATE	□ Chang	TORS	IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD VALDES, SONIA 401 SOUTHWEST	a of registered agent and OFFICERS AND D	USE A RESPICAZION (NO DELETE	13. 11 Π 12N 13ST 14C 21 Π 22N 23 ST 24C 31 Π 32N	Agent TILE AME TREET TILE AME TREET TREET TREET TILE AME	ADDRESS - ZIP - ADDRESS	quired when reinstating)			DATE	□ Chang	TORS	IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PSTD VALDES, SONIA 401 SOUTHWEST	a of registered agent and OFFICERS AND D	Stefa (applicable. (NO DIRECTORS	12. No. 1.11 Ti 12. No. 1.11	TILE TILE TILE TILE TILE TILE TILE TILE	ADDRESS - ZIP - ADDRESS - T-ZIP - ADDRESS	quired when reinstating)			DATE	☐ Chang	FORS	IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD VALDES, SONIA 401 SOUTHWEST	a of registered agent and OFFICERS AND D	USE A RESPICAZION (NO DELETE	12. No. 1.11 Ti 12. No. 1.11	TILE THEET, TTY-ST TILE THEET,	ADDRESS - ZIP - ADDRESS - T-ZIP - ADDRESS	quired when reinstating)			DATE	DIRECT Change	FORS	IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	Stefa (applicable. (NO DIRECTORS	13. 1.11 11 1.2 No. 1.3 51 1.4 Ci 2.1 π 2.2 No. 2.3 51 2.4 Ci 3.1 11 3.2 No. 3.3 51 3.4 Ci 4.1 π 4.2 No.	A Agont TILE AAME TITY-ST TILE AAME TITEET TILE TITEET TILE TITEET TITEE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	quired when reinstating)			DATE	☐ Chang	FORS	IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	Stefa (applicable. (NO DIRECTORS	12. No datased 13. 1.1 Tr 12. No datased 13	TAGORITA AME TREET, THE TREET, TH	ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP	quired when reinstating)			DATE	☐ Chang	FORS	IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	Stefa (applicable. (NO DIRECTORS	12. No datased 13. 1.1 Tr 12. No datased 13	TAGORITALE AME TREET TILE AME TREET TILE TI	ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP	quired when reinstating)			DATE	☐ Chang	FORS E	IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	DELETE D	TE Reditanted 13. 11T 12N 13ST 14C 21T 22N 23ST 24C 31T 32N 33ST 34.C 41T 4.2N 43ST 44CI	A Agent TILE AME TREET TILE AME TREET TILE AME TREET TILE TILE TILE TILE TILE TILE TILE T	ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP	quired when reinstating)			DATE	DIRECT Change	FORS E	IN 12 Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	DELETE D	13. 113. 113. 12N 12N 13ST 14C 21T 22N 23ST 24C 31T 32N 33ST 4.2N 4.3ST 4.4C 5.1T 52N	A Agent TILE AME TREET TILE AME TREET TILE AME TREET TILE TILE TILE TILE TILE TILE TILE T	ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP	quired when reinstating)			DATE	DIRECT Change	FORS E	IN 12 Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	DELETE D	13. 113. 113. 12N 13ST 14CC 21TC 22N 23ST 24C 31TC 32N 33ST 44CC 51TC 52N 53ST 54CC 55ST	TILE AME TREET TITY-ST TILE AME TREET TILE TITY-ST TILE AME TITY-ST TILE AME TITY-ST TILE TITY-ST TILE TITY-ST	ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS	quired when reinstating)			DATE	DOIRECT Change	TORS E	IN 12 Addition Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	DELETE D	13. 113. 1111 12N 13ST 14CC 21TT 22N 23ST 24C 31TT 32N 33ST 4.2N 4.3ST 4.2N 5.3TT 5.2N 5.3ST 5.4CC 6.1TT	TAGET THE TREET	ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS 1-2IP ADDRESS	quired when reinstating)			DATE	DIRECT Change	TORS E	IN 12 Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	DELETE D	13. 117. 12N. 13ST 14CC 21TC 22N. 23ST 24C 31TC 32N. 33ST 34.C 4.1T 4.2N. 4.3ST 4.2N. 5.3T 5.2N. 5.3ST 5.4C 6.1T 5.2N.	TAGORIA TILE TITLE THEET TITLE THEET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	quired when reinstating)			DATE	DOIRECT Change	TORS E	IN 12 Addition Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	a of registered agent and OFFICERS AND D	DELETE D	13. 117. 12N. 13ST 14CC 21TC 22N. 23ST 24C 31TC 32N. 33ST 34.C 41TC 42N. 43ST 44CC 51TC 52N. 53ST 54CC 61TC 62N. 63ST	TAGORIA THE TIME THE	ADDRESS 1-2P ADDRESS 1-2P ADDRESS 1-2P ADDRESS 1-2P ADDRESS ADDRESS ADDRESS	quired when reinstating)			DATE	DOIRECT Change	TORS E	IN 12 Addition Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD VALDES, SONIA 401 SOUTHWEST MIAMI FL 33174	100TH AVENUE	DELETE D	13. 1.11 1.2 1.3 1.4 1.0 1.3 1.1 1.1 1.2 1.2	TAGORIA THE TREET IT THE TREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 2-ZIP ADDRESS 2-ZIP	pired when reinstelling) ADDITIO	NS/CHANGES	ro offic	DATE ERS ANI	DIRECT Change Ch	FORS E	IN 12 Addition Addition Addition Addition

of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the all other like empowered.