FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000021335

1. Corporation Name

REAL ESTATE LEARNING CENTER, INC.

Principal Place	e of Business	Mailing Address			119119111111111111111111111111111111111	
7277 CORAL W		7277 CORAL WAY	-			
MIAMI FL 33155		MIAMI FL 33155				
					DO NOT WRITE I	N THIS SPACE
					3. Date Incorporated or Qualifed 03/06/1998	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			62-083313)	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22		City & State			Fee Required	
City & State		 1		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country		Country		Trust Fund Contribution	Added to Fees
24	25		30		This corporation owes the current personal Property Tax.	year intangible Yes No
24	9. Name and Address of Cu		30]		10. Name and Address of New Regi	
			81	Name		1.1
	e, jose luis		-			
	CORAL WAY		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	ı
MAIM	AI FL 33155		83			
			84	City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered		Registered Agen		· · · · · · · · · · · · · · · · · ·	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D MINOR HOPE LUNG	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	MUSE, JOSE LUIS 7277 CORAL WAY		1.2 NAME			
STREET ADDRESS	MIAMI FL 33155		1.3 STREET			
CITY-ST-ZIP	D D	☐ DELETE	1.4 CITY-ST 2.1 TITLE	r-zip		☐ Change ☐ Addition
TITLE NAME	BOYTELL, JESS J	- DELETE	2.1 TITLE 2.2 NAME			□ cuange □ Addition
STREET ADDRESS	7277-CORAL WAY		2.3 STREET	ADDRESS .	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-S			
TITLE	1111 UNI 1 E 00 100	☐ DELETE	3.1 TITLE	1-217	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			3.2 NAME		•	. – • –.
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			,
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP	 		5.4 CITY-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	i		
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 suppliemental angual 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 colporation of 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.

SIGNATURE: