FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S78326** **(3)**

1. Corporation Name

NEW HORIZONS BILINGUAL CHILD CARE AND PRESCHOOL, INC.

Principal Place of Business
8150 SW 8TH STREET, #102
MIAMI FL 33144

Mailing Address
8150 SW 8TH STREET, #102
MIAMI FL 33144

3. Date Incorporated or Qualified: 08/27/1991
3a. Date of Last Report: 02/13/1995

4. FEI Number: 65-0313487 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

PEREZ, ALVARO
8150 SW 8TH STREET, #102
MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, ARACELLY P.
STREET ADDRESS	6911 SW 144 AVE STE 40
CITY, ST, ZIP	MIAMI FL
TITLE	SD
NAME	PEREZ, ALVARO R.
STREET ADDRESS	6911 SW 144 AVE STE 40
CITY, ST, ZIP	MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied within this report is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(e), Florida Statutes. 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 a 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 is entered in Block 14 with my title.

SIGNATURE: Aracelly Perez PRESIDENT 1/8/96 305-266-5901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)