FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # V06801 AMERICAN SCHOOLS OF F	• •			AY BERK TINI ANDI ANDI IRA
Principal Place of Business Mailing Address				{	GAY BIRIT BIRIT BIRIT BERKA YORK
· ·	AMI GARDENS DRIVE	1025 N.E. MIAMI GARD	NEWS DRIVE		
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL					
				DO NOT WRITE IN THIS	S SPACE
ļ				3. Date incorporated or Qualified	
9 Principal D	tace of Business	2a. Mailing Address		01/08/1992 4. FEI Number	T Analist Con
21 Principal P	lace of Business	26. Mailing Address		65-0304348	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
ļ	9. Name and Address of Current	Registered Agent	Od NaA	10. Name and Address of New Registered	2 Agent
t .	DSONAS, CHARLES D		81 Naprey	> Juansuman	
	25 NE MIAMI GARDENS DRIVE		82 Strapt-Add	ass (P.O. Bex Number is Not Acceptable)	in Dr.
NC NC	ORTH MIAMI BEACH FL 33179		83	DE William prese	M3 01
			83	v	
)			84 Aity AA	in a land - E	85 Zip Code 7
44 Duramant	to the pre-inions of Castions CO7 OF DE	and 607 1500 Florida Ctat	170 · VV	poration submits this statement for the purpose	al shanging its registered
office or r	egistered agent, or both, in the State of	of Florida, Such change was	authorized by the corporal	tion's board of directors. I hereby accept the ap	opointment as registered
agent. I a	m familiar with and accept the obliga	tions of, Section 607.0505	lorida Statutos	VECT CHACEILLA	4/8/90
SIGNATURE	Signature, typed of pridled name of registered agen		TE: Plagistered Agent signature requir	red when reinstating) DATE	10000
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUASSUNA, NEY ROBINSON		1.2 NAME		
STREET ADDRESS	% 112 S. HIBISCUS AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	PARANHOS, TANIA		2.2 NAME		
STREET ADORESS	% 112 S. HIBISCUS AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	SUASSUNA, RODRIGO LANGA	RO	3.2 NAME		
STREET ADDRESS	% 112 S. HIBISCUS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-SY-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP		T ACLES	4.4 CITY-ST-ZIP		Change addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		C percie	i i		The Company of the Co
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET AODRESS		

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 chapged, or on an attachment with an address.

FILED

Apr 16 1998 8:00am

Secretary of State