

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90215 005 ***158.75

DOCUMENT # P95000096015

1. Corporation Name
LANGUAGE SPECIALISTS, INC.

Principal Place of Business
2655 LE JEUNE ROAD
502
CORAL GABLES FL 33134
US

Mailing Address
2655 LE JEUNE ROAD
502
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1995	Applied For Not Applicable
4. FEI Number 65-0630682	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2828 Coral Way Suite, Apt. #, etc. 22 PH-II City & State 23 Miami, FL. Zip 24 33145	2a. Mailing Address 26 2828 Coral Way Suite, Apt. #, etc. 27 PH-II City & State 28 Miami, FL. Zip 29 33145	Country 30 MIAMI-DADE
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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name Steve Cakov	85 Zip Code 33145
82 Street Address (P.O. Box Number is Not Acceptable) 2828 Coral Way	
83 PH-II	
84 City Miami	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/99.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAKOV, STEVE	1.2 NAME	CAKOV, STEVE
STREET ADDRESS	837 ANDALUSIA	1.3 STREET ADDRESS	1415 20th Street, #406.
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139.
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TADDEO, ANNETTE	2.2 NAME	TADDEO, ANNETTE
STREET ADDRESS	1925 BRICKELL AVE, STE 3712	2.3 STREET ADDRESS	2025 BRICKELL AVE #602
CITY-ST-ZIP	MAIMI FL 33129	2.4 CITY-ST-ZIP	MIAMI, FL. 33129.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/99 (305) 461-9669

CR2E034 (11/98)

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