

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 645168

1. Entity Name
MIELE INTERNATIONAL SCHOOLS OF LANGUAGES, INC.



Principal Place of Business

**4757 BAYVIEW DRIVE
DAUDERDALE BY THE SEA, FL 33308 US**

Mailing Address

**4757 BAYVIEW DRIVE
DAUDERDALE BY THE SEA, FL 33308 US**

DO NOT WRITE IN THIS SPACE

8201-24666666F&

04042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1953122

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIELE, LOUIS DR.
4751 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000117019

04/19/04-800003-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIELE, LOUIS (DR.)
STREET ADDRESS	4751 BAYVIEW DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VP
NAME	MIELE, MICHELLE
STREET ADDRESS	4751 BAYVIEW DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louis Miele

4-4-4

254-491-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #