


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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4/21/03 91065 009 X 10.00

DOCUMENT # F03000000718 1. Entity Name ASOCIACION DEL INSTITUTO DE LENGUA ESPANOLA, INC.						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">04 AUG 12 AM 11:44</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business SAN FRANCISCO DE DOS RIOS DE LA MARGARITA 100MTS SUR 2, OC				Mailing Address APDO.100-2350 SAN FRANCISCO DE DOS RIOS SAN JOSE, COSTA RICA, OC			
2. Principal Place of Business INSTITUTO DE LENGUA ESPAÑOLA				3. Mailing Address Suite, Apt. #, etc. DE LA MARGARITA 100 MTS SUR			
City & State SAN FRANCISCO DE DOS RIOS				City & State SAN JOSE, COSTA RICA			
Zip SAN JOSE		Country COSTA RICA		Zip SAN JOSE		Country COSTA RICA	
4. FEI Number 35-2196450				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZIRENA, R. GLADYS 5465 NW 36TH STREET MIAMI SPRINGS, FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE C	NAME COBLE, AULDEN			TITLE P/D	NAME COBLE AULDEN		
STREET ADDRESS APDO.100-2350,SAN FRANCISCO DE DOS RIOS	CITY-ST-ZIP SAN JOSE, COSTA RICA,			STREET ADDRESS B° VARGAS ARAYA, SAN PEDRO	CITY-ST-ZIP SAN JOSE, COSTA RICA		
TITLE VC	NAME CEVALLOS, ESTHELA			TITLE V/D	NAME CEVALLOS, ESTHELA		
STREET ADDRESS APDO.100-2350,SAN FRANCISCO DE DOS RIOS	CITY-ST-ZIP SAN JOSE, COSTA RICA,			STREET ADDRESS HOSPITAL CLINICA BIBLICA	CITY-ST-ZIP SAN JOSE, COSTA RICA		
TITLE DS	NAME ARTHUR, CARL			TITLE S/D	NAME ARTHUR, CARL		
STREET ADDRESS APDO.100-2350,SAN FRANCISCO DE DOS RIOS	CITY-ST-ZIP SAN JOSE, COSTA RICA,			STREET ADDRESS B° EL FARO, SAN FRANCISCO DE DOS RIOS	CITY-ST-ZIP SAN JOSE, COSTA RICA		
TITLE DT	NAME CURLING, MIRIAM			TITLE T/D	NAME GRASMAN, DARREL		
STREET ADDRESS APDO.100-2350,SAN FRANCISCO DE DOS RIOS	CITY-ST-ZIP SAN JOSE, COSTA RICA,			STREET ADDRESS SAN PEDRO MONTES DE OCA	CITY-ST-ZIP SAN JOSE, COSTA RICA		
TITLE PD	NAME CHAMBERLAIN, JULIE ANN			TITLE M	NAME CHAMBERLAIN, JULIE ANN		
STREET ADDRESS APDO.100-2350,SAN FRANCISCO DE DOS RIOS	CITY-ST-ZIP SAN JOSE, COSTA RICA,			STREET ADDRESS B° LINCOLN	CITY-ST-ZIP SAN JOSE, COSTA RICA		
TITLE 	NAME 			TITLE 	NAME 		
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 617, 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: <i>Julie Ann Chamberlain</i>				July 8, 2004			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JULIE ANN CHAMBERLAIN				Date 01-506-227-7366 or Daytime Phone #			

1-800-642-1375

PS 212



Instituto de Lengua Española | Spanish Language Institute

Apdo. 100-2350, San José Costa Rica | 506-227-7366 || SJO - 8609, P.O. Box 025240, Miami, FL 33102

July 30, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Friends:

Enclosed is our 2004 Annual Report. Please note that the only change from last year is the name of the Treasurer. We have also made minor corrections in the addresses and title codes.

Last year we were informed that the \$70 fee we paid in April was not necessary since we were not amending our report. I would like to request, then, that it be applied to this year's Annual Report fees. It was paid with BankOne check number 1373 dated April 14, 2003 and signed by Julie A. Chamberlain (copy enclosed).

Thank you for processing our 2004 Annual Report. Please contact me at [<Julie@TheSpanishInstitute.com>](mailto:Julie@TheSpanishInstitute.com) if anything else is needed.

Sincerely,

Julie Chamberlain
Director