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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H12642

(5)

Mailing Address

THE ENGLISH OFFICE, INC.

FILED
Apr 28 1997 8:00am
Secretary of State

	 	RIVI BIRIFARIA	

\$200 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308-3253		5200 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308-3253			
				3. Date Incorporated or Qualified 07/18/1984	3a. Date of Last Report 06/19/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2423947	Not Applicat
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z(p 29	Ciauntry 30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	ver, david		81 Name		
	08 N.W. 18TH PLACE IRGATE FL 33063			Address (P.O. Box Number is Not Acceptab	le)
			63		
•			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	itos, the above-named	corporation submits this statement for the p	surpose of changing its registere
office or	registered agent, or both, in the Stat am familiar with, and accept the oblid	e of Florida. Such change was pations of, Section 607,0505. F	authorized by the cor florida Statutes.	poration's board of directors. I hereby accep	of the appointment as registered
		, ,, -			
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NC	OTE: Registored Agent signature	required when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	570	Change
NAME	SILVER, JEANETTE M.		1.2 NAME		
STREET ADDRESS	7608 N.W. 18TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2 1 TITLE	PO	Change
NAME	SILVER, DAVID		2.2 NAME		
STREET ADDRESS	7608 N.W. 18TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		2 4 C(TY - ST - ZIP		
TITLE		☐ DEFEIE	3.1 TITLE		L Change Addit
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- \$1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addit
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addil
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addit
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

I do 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 logal 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 12 if changed, or on an attachment with an address.

MATURE SWITTER S. L.W.) TENENCE M SILVER & SULPT ON 491700