FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP -4 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L15277** **(1)**

1. Corporation Name

RIO DE LA PLATA LANGUAGE SCHOOL, INC.

Principal Place of Business	Mailing Address
1390 S DIXIE HWY STE 1311 CORAL GABLES FL 33146 US	1390 S DIXIE HWY. STE 1311 CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: 09/13/1989
3a. Date of Last Report: 11/08/1995

2. Principal Place of Business
21 1500 S. Dixie Hwy.
Suite, Apt. #, etc.
22 Suite 350
City & State
23 Coral Gables, FL
Zip 24 33146 Country 25 USA

2a. Mailing Address
26 1500 S. Dixie Hwy.
Suite, Apt. #, etc.
27 Suite 350
City & State
28 Coral Gables, FL
Zip 29 33146 Country 30 USA

4. FEI Number: 65-0143146 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VIGGIANI, MIRIAM R.
9167 SW 97 AVE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box N... 000109122077775--2
-09/03/97--01170--002
83 ****923.75 ****923.75
84 City FL 85 Zip Code

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] 9.02.97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VIGGIANI, MIRIAM R.	1.2 NAME	
STREET ADDRESS	9167 SW 97 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TS ☐ DELETE	2.1 TITLE	V. ☑ Change ☐ Addition
NAME	VIGGIANI, GABRIELA E	2.2 NAME	VIGGIANI, GABRIELA E.
STREET ADDRESS	9167 SW 97 AVE	2.3 STREET ADDRESS	7745 SW 86 Street - #D318
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VIGGIANI, NORMAN E	3.2 NAME	
STREET ADDRESS	9167 SW 97 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 9.02.97 (305)667-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)