

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 SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP -6 PM 3:46

DOCUMENT # M15798 (5)

1. Corporation Name

AMERICAN VIDEO LANGUAGE INSTITUTE, INC.



BK 9/12/96

Principal Place of Business

3909 NE 163 ST #308
N. MIAMI BEACH FL 33160

Mailing Address

3909 NE 163 ST #308
N. MIAMI BEACH FL 33160

2. Principal Place of Business

21 450 West Dilido DR.
Suite, Apt. #, etc

2a. Mailing Address

26 450 West Dilido DR.
Suite, Apt. #, etc

City & State

23 Miami Beach, FL.

City & State

28 Miami Beach, FL.

24 33189 25 Dade

29 33189 30 Dade

9. Name and Address of Current Registered Agent

MERRILL, JOSEPH
450 W DILIDO DR
MIAMI BCH 33139

3. Date Incorporated or Qualified 05/23/1985

3a. Date of Last Report 07/25/1995

4. FEI Number 59-2670656

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

10. Name and Address of New Registered Agent

81 Name

(Same)

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 607.030, Florida Statutes.

SIGNATURE

JOSEPH MERRILL

Joseph Merrill

3 Sept. 1996

Signature typed or printed in Block 12 or Block 13 of this report.

Date typed or printed in Block 13 of this report.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MERRILL, JOSEPH	
STREET ADDRESS	450 W DILIDO DR	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAACH, CHRISTEL	
STREET ADDRESS	450 W DILIDO DR	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY - ST - ZIP	

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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:

Joseph Merrill
JOSEPH MERRILL

3 Sept 1996 (305) 531-6143

CR2E034 (12/95)