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

Mailing Address 1331 WHITE ST

KEY WEST FL 33040

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M36647

Principal Place of Business

1331 WHITE ST

KEY WEST FL 33040

BILINGUAL RESEARCH, CORP.

DO NOT WRITE IN THIS SPACE HS US 3. Date incorporated or Qualifed 08/12/1986 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business____ Not Applicable 59-2703033 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Žip Country 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SMITH, A. RICHARD Street Address (P.O. Box Number is Not Acceptable) 82 1331 WHITE ST KEY WEST FL 33040 83 85 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS ☐ Change DELETE 11 TITLE TITLE SMITH, A. RICHARD 1.2 NAME NAME 1331 WHITE ST 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE MENENDEZ. TERESA 22 NAME STREET ADDRESS 1331 WHITE ST 2.3 STREET ADDRESS KEY WEST FL 33040 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CiTY-ST-7IP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP CiTY-ST-ZiP 14. 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 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, with all other like empowered.

FILED Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90132 008 ***150.00



CR2E034 (11/98)

SIGNATURE:

305-296-0505