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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N94000002805

1. Corporation Name

BINATIONAL STUDENT SERVICE, INC.

Principal Place of Business	Mailing Address
Marcelo T. de Alvear 929 5th Floor (1058) Buenos Aires, Argentina	Marcelo T. de Alvear 929 5th Floor (1058) Buenos Aires, Argentina

3. Date Incorporated or Qualified: 6/6/94
3a. Date of Last Report: 5/1/95

2. Principal Place of Business	2a. Mailing Address
21 c/o PIM 201 S. Biscayne Blvd.	26 c/o PIM 201 S. Biscayne Blvd.
Suite, Apt. #, etc. 22 1600 Miami Center	Suite, Apt. #, etc. 27 1600 Miami Center
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33131 / 25 USA	Zip / Country 29 33131 / 30 USA

4. FEI Number: N/A — 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

Patrick L. Murray
201 S. Biscayne Blvd.,
#1600
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: CORPORATION COMPANY OF MIAMI
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.
83 1600 Miami Center
84 City: Miami FL 85 Zip Code: 33131

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 By: Jill B. Zammas — CORPORATION COMPANY OF MIAMI — Jill B. Zammas, Asst. Sec.
Signature, typed or printed name of registered agent and title of officer, if applicable — (Florida Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SYDOR, MARCOS A. Marcelo T. de Alvear 929, 5th FL. Buenos Aires, Argentina ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEMARCO, CAROLINA Marcelo T. de Alvear 929, 5th FL. Buenos Aires, Argentina ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMIDT, CRISTINA Marcelo T. de Alvear 929, 5th FL Buenos Aires, Argentina ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	300001869623 -06/20/96--01054--007 ***225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 6/20/96

CR2E034 (12/95)

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: ✓X _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR