

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N94000002805 (9)**

1. Corporation Name

**BINATIONAL STUDENT SERVICE, INC.**

Principal Place of Business

C/O PLM: 201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131

Mailing Address

C/O PLM: 201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/06/1994**

3a. Date of Last Report  
**06/20/1996**

4. FEI Number

**NOT APPLICABLE**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131**

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE  
NAME **DP**  
SYDOR, MARCOS A  
STREET ADDRESS **MARCELO T. DE ALVEAR 929, 5TH FLOOR**  
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **Avenida Cordoba 859, Piso 8 "A"**  
1.4 CITY-ST-ZIP **(1054) Buenos Aires, Argentina**

TITLE ☐ DELETE  
NAME **DS**  
DEMARCO, CAROLINA  
STREET ADDRESS **MARCELO T. DE ALVEAR 929, 5TH FLOOR**  
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **Avenida Cordoba 859, Piso 8 "A"**  
2.4 CITY-ST-ZIP **(1054) Buenos Aires, Argentina**

TITLE ☐ DELETE  
NAME **D**  
SCHMIDT, CRISTINA  
STREET ADDRESS **MARCELO T. DE ALVEAR 929, 5TH FLOOR**  
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **Avenida Cordoba 859, Piso 8 "A"**  
3.4 CITY-ST-ZIP **(1054) Buenos Aires, Argentina**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

*W. MORRIS*  
8-19-97 (305) 379-9129

FILED

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



CR2037 (4/97)