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**Mar 23, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**1999**

**DOCUMENT # N94000002805**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/06/1994**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25

29 30

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

**FL**

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 **DP** ☐ DELETE

NAME **SYDOR, MARCOS A**  
STREET ADDRESS **AVENIDA CORDOBE 859, PISO 8 "A"**  
CITY-ST-ZIP **(1054) BUENOS AIRES, ARGENT.**

1.1 TITLE ☐ Change ☐ Addition

TITLE **DS** ☐ DELETE

NAME **DEMARCO, CAROLINA**  
STREET ADDRESS **AVENIDA CORDOBE 859, PISO 8 "A"**  
CITY-ST-ZIP **(1054) BUENOS AIRES, ARGENT.**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SCHMIDT, CRISTINA**  
STREET ADDRESS **AVENIDA CORDOBE 859, PISO 8 "A"**  
CITY-ST-ZIP **(1054) BUENOS AIRES, ARGENT.**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addendum with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3-18-99**

Date

Daytime Phone #

CR2E037 (11/98)