

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P41111 (6)**

1. Corporation Name  
**CENTER FOR ENGLISH STUDIES, INC.**



Principal Place of Business <b>330 SEVENTH AVENUE, 7TH FLOOR NEW YORK NY 10001</b>	Mailing Address <b>330 SEVENTH AVENUE, 7TH FLOOR NEW YORK NY 10001-5010</b>
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3. Date Incorporated or Qualified <b>10/22/1992</b>	3a. Date of Last Report <b>03/06/1996</b>
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2. Principal Place of Business 21 <b>901 EAST LAS OLAS BLVD</b> Suite, Apt. #, etc. <b>SUITE 203</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33301</b>	2a. Mailing Address 26 <b>901 EAST LAS OLAS BLVD</b> Suite, Apt. #, etc. <b>SUITE 203</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33301</b>
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4. FEI Number <b>13-3033555</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33182**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>STARK, ELIZABETH</b>	
STREET ADDRESS	<b>330 SEVENTH AVE., 7TH FL</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, JOHN</b>	
STREET ADDRESS	<b>330 SEVENTH AVE., 7TH FL</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>STARK, ELIZABETH</b>	
1.3 STREET ADDRESS	<b>901 EAST LAS OLAS BOULEVARD</b>	
1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PEREZ, JOHN</b>	
2.3 STREET ADDRESS	<b>901 EAST LAS OLAS BOULEVARD</b>	
2.4 CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_ (NOTE: REGISTERED AGENT SIGNATURE REQUIRED) \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)