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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000037093 (9)

INTEGRATED ENGLISH INTERNATIONAL, INC.

FILED Feb 24 1997 8:00am Secretary of State



Propried Pla	on of Rusinass	Mailing Addre				{	maind fteil imail muim ia:	MM ceke emmi	
Principal Place of Business Mailing Address 7000 SW 59TH PLACE MIAMI FL 33143 MIAMI FL 33143-3528									
US CONTRACTOR	•	US	10 0520			Date incorporated or Qualified 05/10/1994	3a, Date of Last 6	Report	
,	Place of Business	2a. Mailing Ad	ddress		······································	4. FEI Number		pplied For	
1		26				65-0489194	N	ot Applicabl	
Suite. Apt	t. #, etc.	Suite, Apt.	. #, etc. _			5. Certificate of Status Desired	7	Additional equired	
City & Sta	ale	City & Sta	te			6. Election Campaign Financing		May Be	
Ζ ιρ	Country	28		Country	/	Trust Fund Contribution 8. This corporation has liability for it		lo Fees	
4	25	29	1	30			Yes No	s. 199.03c,	
<u>* </u>	9, Name and Address of Curr			1	······	10. Name and Address of New Reg		. 	
SA	CHER, CHARLES P ESQ.			81	Name			<u> </u>	
	55 LEJEUNE ROAD			82	Ctroot Add	ress (P.O. Box Number is Not Acceptab	lo)		
SUITE 1101				82	Sliper Add	et Address (F.O. Dox Normber is Not Acceptable)			
	ORAL GABLES FL 33134			83					
				84	City		p→g 85 Zip	Code	
					<u> </u>	poration submits this statement for the pition's board of directors. I hereby accept	FL "		
SIGNATURE	Signature, typed or punted name of registered	agent and title if applicable		: Registered Ag		ired when reinstating}	ÒATE	J	
12.	DEFIGERS A	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Additio	
TITLE	BERKOWITZ, ROBERT		DELETE	1.1 TITLE 1.2 NAME			F"T CHANGE	L.J Addition	
NAME Street adoress	TORR OW COTH DIACE	•			T ADDRESS				
OTY-ST-ZIP	SOUTH MIAMI FL 33143			1.4 CITY-	1				
TITLE	D		DELETE	2.1 TITLE	31-211		☐ Change	Additio	
NAME	LITSEK, AKOS		,	2.2 NAME				L. Abuitiv	
STREET ADORESS	TARREST CONTRACT							L. Aouto	
CITY-ST-ZIP				2.3 STREE	T ADDRESS	4.5		Months	
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in armual report is true and accurate and that my signature shall have the same legal effect as if made under or for or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name achment with an address.