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

PROFIT CORPORATION ANNUAL REPORT



**FILED** 

May 12 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

| DUCUMEN   # P94000075169 (0)   |   |  |  |                             |                  |  |                           |                               |
|--|---|--|--|-----------------------------|------------------|--|---------------------------|-------------------------------|
|  | LANGUAGE STUDY CENT   |  | • •  |                             |                  |  |                           |                               |
| IALIGI   | CANGOAGE OFODT OEM  | LIII IIIQ  |  |                             |                  | ) ARRIVANT HIR ARVIT MARIN ARVIT RAINS O                                       | Ozio do ioi ibada bildo i | 10:0 01/10 10(1 10 <b>3</b> ) |
|  |   |  |  |                             |                  |  |                           |                               |
| Principal Plac   | e of Business   | Mailing Add  | ress   |                             |                  | E CODICIONI CON COLOR DEDIT NOTICE NATIONAL                                    | HIR OBIH LOON DIWL        | 1949 Bille Lail (88)          |
| 5500 34 STR  | EET WEST  | 5500 34 ST   | 5500 34 STREET WEST<br>STE. YLSC<br>BRADENTON FL 34210<br>US |                             |                  |  |                           |                               |
| STE. YLSC  |   | STE. YLSC  |  |                             |                  | DO NOT WRITE IN THIS SPACE   |                           |                               |
| Bradenton<br>US  | FL 34210  |  |  |                             |                  | 3. Date Incorporated or Qualified  |                           |                               |
|  |   | 00   |  |                             |                  | 10/13/1994   |                           |                               |
| 2. Principal P   | Place of Business   | 2a. Mailing  | Address  |                             |                  | 4. FEI Number  |                           | Applied For                   |
| 21   |   | 26   |  |                             |                  | 65-0540865   | <u> </u>                  | Not Applicable                |
| Suite, Apt.  | #, etc.   | Suite, Ar  | ol. #, elc.  |                             |                  | 5. Certificate of Status Desired   | □ \$8                     | .75 Additional                |
| 22   |   | 27   |  |                             |                  | b. Certhicate of Status Desired  | F                         | ee Required                   |
| City & Stat  | e   | City & St  | ate  |                             |                  | 6. Election Campaign Financing   |                           | 5.00 May Be                   |
| 23   |   | 28   |  |                             |                  | Trust Fund Contribution  | A                         | dded to Fees                  |
| Zip  | Country   | Zip  |  | Country                     |                  | 8. This corporation owes or has p  |                           |                               |
| 24   | 9, Name and Address of Curre  | 29   | ant 3  | <u>0 </u>                   |                  | Personal Property Tax due June 10. Name and Address of New Re                  |                           | ☐ No                          |
|  |   | The state of the s |  | 811                         | Name             | (U. Hallio alla Madiese Of How II  | ogistores Again           |                               |
|  | EEMAN, STEPHEN A  |  |  | 82                          |                  |  |                           |                               |
| 520 BRICKELL KEY DR.<br>SUITE 0-305                                    |   |  |  |                             | Street Addr      | ess (P.O. Box Number is Not Accepta  | ble)                      |                               |
|  | AMI FL 33131  |  |  | 83                          |                  |  |                           |                               |
| W.   | TIMI FL 33131   |  |  |                             |                  |  |                           |                               |
|  |   |  |  | 84                          | City             |  | FL 85                     | Zip Code                      |
| 11. Pursuant   | to the provisions of Sections 607.05  | 02 and 607.1508, F   | lorida Statutes  | , the above-                | named corp       | oration submits this statement for the ion's board of directors. I hereby acce |                           | ging its registered           |
| office or r  | registered agent, or both, in the Stat<br>im familiar with, and accept the obli | to of Florida. Such o<br>pations of Section  | change was aut<br>607.0505. Florid                           | thorized by<br>da Statutes. | the corporat     | ion's board of directors. I hereby acce  | pt the appointme          | int as registered             |
| SIGNATURE  |   | <b>5</b>   |  |                             |                  |  |                           |                               |
| SIGNATORE  | Signature, typed or printed name of registered a                                |  | (NOTE: I   | Regislered Agen             | signature requir | ed when reinstating)   | DATE                      |                               |
| 12.  | OFFICERS AND DIRECTORS  |  | -  | 13.                         |                  | ADDITIONS/CHANGES TO OFFI  |                           |                               |
| TITLE  | P   | L  | DELETE   | 1.1 TITLE                   |                  |  | L Ch                      | nange L. Addition             |
| NAME   | SILVA, RICARDO Y  | T 1/100  |  | 1.2 NAME                    |                  |  |                           |                               |
| STREET ADDRESS   | 5500 34 STREET, WEST, ST  | E. TLSC  |  | 1.3 STREET A                | 1                |  |                           |                               |
| CFTY-ST-ZIP  | BRADENTON FL  |  | DELETE   | 1.4 City-St                 | - ZIP            |  | □ ch                      | nange Addition                |
| TITLE  | ON VA DILEGGRANDO   | k  | ) OCCETE   | 2.1 TITLE                   |                  |  |                           | ange Auditron                 |
| NAME   | SILVA, DILERMANDO   | - VICC   |  | 2.2 NAME                    |                  |  |                           |                               |
| STREET ADDRESS 5500 34 STREET WEST, STE. YLSC CITY-ST-ZIP BRADENTON FL |   |  |  | 2.3 STREET A                |                  |  |                           |                               |
| CITY-ST-ZIP<br>TITLE   | S   |  | DELETE   | 2.4 CITY - ST<br>3.1 TITLE  | - LIF            |  | ☐ Ch                      | nange Addition                |
| NAME   | SILVA, VALERIA D  | <b>L</b>   |  | 3.2 NAME                    |                  | •  |                           |                               |
| STREET ADDRESS   | 5500 34TH STREET, W., STI   | FYICS  |  | 3.3 STREET A                | DORESS           |  |                           |                               |
| CITY-ST-ZIP  | BRADENTON FL  |  |  | 3.4. CITY-ST                |                  |  |                           |                               |
| TITLE  | AS  | E  | DELETE   | 4.1 TITLE                   |                  |  | Ch                        | nange Addition                |
| HAME   | FREEMAN, STEPHEN A  | •  |  | 4. 2 NAME                   |                  |  | _                         |                               |
| STREET ADDRESS   | 520 BRICKELL KEY DR., #0  | -305   |  | 4.3 STREET A                | DORESS           |  |                           |                               |
| CITY-ST-ZIP  | MIAMI FL 33131  |  |  | 4.4 CITY-ST                 |                  |  |                           |                               |
| TITLE  |   |  | DELETE   | 5.1 TITLE                   |                  | -  | Ch                        | ange Addition                 |
| NAME   |   |  |  | 5.2 NAME                    |                  |  |                           |                               |
| STREET ADDRESS   |   |  |  | 5.3 STREET A                | DDRESS           |  |                           |                               |
| CITY-ST-ZIP  |   |  |  | 5.4 CITY-ST                 | ZIP              |  |                           |                               |
| TITLE  |   |  | DELETE   | 6.1 TITLE                   |                  |  | □ Ch                      | nange Addition                |
| NAME   |   |  |  | 6.2 NAME                    |                  |  |                           |                               |
| STREET ADDRESS   |   |  |  | 6.3 STREET A                | DDRESS           |  |                           |                               |

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 supplimental 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 trusted 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.

Dilermando Silva, Vice President 941-753-9957