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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000092247 (3)

FISHER ISLAND LANGUAGES, INC.

pal Place of Business	Mailing Address
FISHER ISLAND DR I FL 33109	41117 FISHER ISLAND DR MIAMI FL 33109-1251 US

## **FILED** May 01 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address				I 186115901 ILA 19141 BYAN BARY OLDIK ESIKI	ESIL ISING		41 4881 4881
•		41117 FISHER ISLAND I	41117 FISHER ISLAND DR						
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1994 02/27/1996			Report	
2. Principal F	Place of Business	2a. Mailing Address			<del></del>	4. FEI Number			pplied For
21		26				65-0567464			ot Applicabl
Suite, Apt.	∴ #, elc	Suite, Apt. #, etc.				5. Certificate of Status Desired		-	Additional equired
City & Stat	de	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		untry		8. This corporation has liability for in			s. 199.032,
24	25   9. Name and Address of Curr	29	30			Florida Statutes   10. Name and Address of New Reg	Yes _		
		BUT Defittion Whell		81	Name	IV. Name and Address of Now Neg	JIOLOI BO M	Aour	<del></del>
	VERMAN, STEVEN								
	00 SW 62ND AVE., PH-B MIAMI FL 33143			82	Street Add	dress (P.O. Box Number is Not Acceptable	le)		
٠.١	MIAM! FL 33143			83					,,,,,,,,
						······································			
				84	City		FL	<b>85</b> Zip	Code
		ilgations of, Section 607.0505, I	rionua Sia	310188		ation's board of directors. I hereby accep			
SIGNATURE	Stor above, byped or printed name of registered	agent and title it applicable. (N	OTE: Register	ed Agen	t signature regu	uired when reinstating)	DATE		
SIGNATURE	Styr ature, typed or printed name of registered OFFICERS A	agent and title if applicable. (N AND DIRECTORS	OTE: Register		t signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
12.			13.		t signature requ		ERS AND	DIRECTO Change	
<b>12</b> .	OFFICERS A DPV TUCK, DONALD	AND DIRECTORS	13. 1,17			ADDITIONS/CHANGES TO OFFIC	ERS AND		
12. Title Name	OFFICERS A DPV TUCK, DONALD -40211.FISHER ISLAND DR.	AND DIRECTORS	13. 1,13 1,21	TITLE NAME			ERS AND		
12. TITLE NAME STREET ADDRESS	OFFICERS A DPV TUCK, DONALD -49211.FISHER ISLAND DR. MIAMI FL 33109	AND DIRECTORS	13. 1,17 1,27 1,35	TITLE NAME	ADDRESS 4	ADDITIONS/CHANGES TO OFFIC	ERS AND	<b>K</b> Change	
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not indepty denity that the mornitation supplied with this annual report or supplied with 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 on an attachment with an address.

SIGNATURE: