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May 03, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000092247

1. Corporation Name

FISHER ISLAND LANGUAGES, INC.

Principal Place of Business

19068 NE 29TH AVENUE
AVENTURA FL 33180
US

Mailing Address

19068 NE 29TH AVENUE
AVENTURA FL 33180
US

2. Principal Place of Business

21 **1390 BRICKELL AVE.**
Suite, Apt. #, etc. **#103**

22 City & State **MIAMI FL**

23 Zip **33131** Country **USA**

2a. Mailing Address

26 **321 SW 187 AVE.**
Suite, Apt. #, etc. **#103**

27 City & State **PEMBROKE PINES FL**

28 Zip **33131** Country **USA**

9. Name and Address of Current Registered Agent

SILVERMAN, STEVEN
7000 SW 62ND AVE., PH-B
S. MIAMI FL 33143

3. Date Incorporated or Qualified

12/21/1994

4. FEI Number

65-0567464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPV**
STREET ADDRESS **TUCK, DONALD**
CITY-ST-ZIP **19068 NE 29TH AVENUE**
AVENTURA FL 33180

TITLE ☒ DELETE
NAME **DST**
STREET ADDRESS **TUCK, FANNY D**
CITY-ST-ZIP **19068 NE 29TH AVENUE**
AVENTURA FL 33180

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DPT**
1.3 STREET ADDRESS **TUCK DONALD**
1.4 CITY-ST-ZIP **321 SW 187 AVE.**
PEMBROKE PINES FL 33029

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V**
2.3 STREET ADDRESS **CLIFFORD BRAZIER**
2.4 CITY-ST-ZIP **1340 BRICKELL AVE #103**
MIAMI FL 33131

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

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

4/27/99 305 519 4760
Date Daytime Phone #

CR2E034 (11/98)