FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000054437 (5)**

1. Corporation Name
GLOTTA LANGUAGE INSTITUTE, INC.

Principal Place of Business	Mailing Address
100 N. BISCAYNE BLVD. #1717 MIMAI FL 33132	100 N. BISCAYNE BLVD. #1717 MIMAI FL 33132

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 100 N. Biscayne Blvd	26 100 N. Biscayne Blvd
22 Suite, Apt. #, etc. Suite 2600	27 Suite, Apt. #, etc. Suite 2600
23 City & State Miami FL	28 City & State Miami FL.
24 Zip 33132 25 Country USA	29 Zip 33132 30 Country USA

4. FEI Number — ☑ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HART, DAVID J
100 N. BISCAYNE BLVD. #1717
MIMAI FL 33132

10. Name and Address of New Registered Agent

81 Name: HART, DAVID J
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Biscayne Blvd #2600
83
84 City: Miami FL 85 Zip Code: 33132

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] DAVID J HART June 12/96
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	D	☐ DELETE
NAME	HART, DAVID J	
STREET ADDRESS	100 N. BISCAYNE BLVD. #1717	
CITY-ST-ZIP	MIMAI FL 33132	
TITLE	D + President	☐ DELETE
NAME	ORTTENBURGER, ERNST	
STREET ADDRESS	OBKIRCHEGASSE 45/9	
CITY-ST-ZIP	ALL90 VIENNA AUSTRIA	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 05 21 96 011-43-1-51548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #