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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P95000096015**

1. Corporation Name
LANGUAGE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
2655 LE JEUNE ROAD 502 CORAL GABLES FL 33134 US	2655 LE JEUNE ROAD 502 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1995

2. Principal Place of Business	2a. Mailing Address
21 7828 Coral Way	26 7828 Coral Way
Suite, Apt. #, etc. 22 PH-II	Suite, Apt. #, etc. 27 PH II.
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33145 Country 25 Miami-Dade	Zip 29 33145 Country 30 Miami-Dade

4. FEI Number: 65-0630682 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Steve Cakov
82 Street Address (P.O. Box Number is Not Acceptable): 7828 Coral Way
83: PH II.
84 City: Miami FL 85 Zip Code: 33145.

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] 1/21/99.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	CAKOV, STEVE		1.2 NAME	CAKOV, STEVE	
STREET ADDRESS	837 ANDALUSIA		1.3 STREET ADDRESS	1415 20th Street #406.	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami Beach, FL. 33139.	
TITLE	PD	☑ DELETE	2.1 TITLE	P/D	☑ Change ☐ Addition
NAME	TADDEO, ANNETTE		2.2 NAME	TADDEO, ANNETTE	
STREET ADDRESS	1925 BRICKELL AVE, STE 3712		2.3 STREET ADDRESS	2025 Brickell Ave #602	
CITY-ST-ZIP	MAIMI FL 33129		2.4 CITY-ST-ZIP	Miami, FL. 33129.	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 1/21/99 (305) 461-9669.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #