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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011429 (3)

INTERNATIONAL STUDENT SERVICES INC.

FILED Jun 04 1998 8:00am Secretary of State

- · · · · · · · · · · · · · · · · · · ·									
Principal Place of Business Mailing Address									
			4861 NORTH DIXIE HIGHWAY						
SUITE 2000 FT. LAUDERDA	NE EL 22224		Suite 2000 Ft. Lauderdale FL 33334				DO NOT WRITE IN THIS SPACE		
TT. DIODERO	ar it soon	TI. CAOL	JENDALE (E 000)	•			3. Date Incorporated or Qualified 02/06/1996		
2. Principal Pla	ace of Business	2a. Mailin	2a. Mailing Address				4. FEI Number 65-08383/6 Applied For		
21		26	26				APPLIED FOR Not Applicable		
Suite, Apt. +	#, etc.	Suite,	Suite, Apt. #, etc				\$8.75 Additional		
22		27	27				5. Certificate of Status Desired Fee Required		
City & State	-	City &	City & State				6. Election Campaign Financing\$5.00 May Be		
28							Trust Fund Contribution Added to Fees		
Zip	Country	Zip			untry		This corporation owes or has paid the current year intangible		
24	25	29		30	,		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curr	ent Registered /	Agent		81	Name	10. Name and Address of New Registered Agent		
	TE, PAT W				er Name				
4861 N. DIXIE HWY #200 C FT. LAUDERDALE FL 33334					82	Street	eet Address (P.O. Box Number is Not Acceptable)		
FT.									
					83				
					84	City	85 Zip Code		
44 Oursuant t	o the province of Sections 607.0	102 and 507 160	0. Elevido Statuto	o the e		namad	FL ST AND		
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/first, and accept the abbigations of, Section 607.0505, Florida Statutes.									
agent. Lar	n familiar//in and accept the rib	igations of, Section	on 607 0505, Flor	rida Sta	tutes	i.	4/2/22		
SIGNATURE ### Signature, typed or printed name of registered agont and title it applicable. (NOTE: Registered Agent signature required when reinstating) GATE									
12.		ND DIRECTORS	CIE: (MOTE	13.	a Age	nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		DELE TE	111	LE		Change Addition		
NAME	WHITE, PAT			12 N					
STREET ADDRESS	4861 NORTH DIXIE HIGHWA	AY STE 200C				ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334				ITY-S				
TITLE	D		DELETE	211			Change Addition		
NAME	POVEDA, JOSE		<b>7</b> 3	22 N	AME		_ , _		
STREET ADDRESS	4861 NORTH DIXE HIGHW	AY STE 200C				ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334				TY-S	1			
TITLE			DELETE	31 T			Change Addition		
NAME				32 N	AME	1			
STREET ADDRESS				3.3 S	IREET	ADDRESS			
CITY-ST-ZIP				34.0	TY-S	T-ZIP			
TITLE			☐ DELFTÉ	4.1 T			Change Addition		
NAME				4 21	LAME				
\$TREET ADDRESS				43\$	TREET	ADDRESS			
CITY-ST-ZIP				4.4 C	iir-Sl	r-zip			
TITLE			DELETE	51 T			Change Addition		
NAME				5.2 N	AME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					rTY-SI				
TITLE	<del></del>		DELETE	6.1 T			Change Addition		
NAME				62 N			<b>,</b> -		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					("Y-S1				
44 1 1 1 1 1 1	- 416 . 46 - 1 46 - 1 - 6	. Tall also as follower when							

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 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 supplied with the information indicated on this annual report of the corporation of 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, of on an attachment with an address.

**SIGNATURE:** 

AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/9/98 954-771-5883