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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000014576 (8)**

1. Corporation Name
ELECTRONIC CENTER OF LANGUAGES, INC.

Principal Place of Business	Mailing Address
~~7279 N.W. 36 STREET~~ ~~MIAMI FL 33166~~	~~7279 N.W. 36 STREET~~ ~~MIAMI FL 33166-5702~~

3. Date Incorporated or Qualified: 02/15/1996
3a. Date of Last Report: INITIAL

2. Principal Place of Business
21: 2874 NW 79 AVE
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL 33122
24: Zip
25: Country

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0651960 ☐ 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

GALLO, LUIS F
1200 DANBURY AVENUE
DAVIE FL 33325

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: X [signature] Register Agent 2/3/97
Signature of, & 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALAZAR, JOSE ALVARO C 7279 N.W. 36 STREET MIAMI FL 33166	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PD SALAZAR,JOSE ALVARO C 2874 NW 79 AVE MIAMI FL, 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DE CARRILLO, ELIC KISELA A 7279 N.W. 36 STREET MIAMI FL 33166	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VD DE CARRILLO,ELIC KISELA A 2874 NW 79 AVE MIAMI, FL 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALI, LUIS HERNANDO C 7279 N.W. 36 STREET MIAMI FL 33166	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition SD ALI, LUIS HERNANDO C 2874 NW 79 AVE MIAMI FL 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALI, MARCO A. C 7279 N.W. 36 STREET MIAMI FL 33166	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition TD ALI, MARCO A.C 2874 NW 79 AVE MIAMI, FL 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] LUIS GALLO 2/3/97 (305)592-2824