
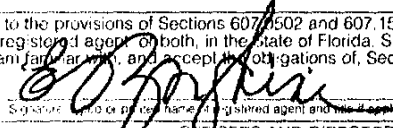
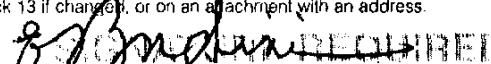


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000015647 (6)</b> 1. Corporation Name <b>BORGHINI LANGUAGE CENTER INTERNATIONAL, INC.</b>					
Principal Place of Business <b>7732 COLEBROOK DR. ORLANDO FL 32818</b>			Mailing Address <b>7732 COLEBROOK DR. ORLANDO FL 32818-3317</b>		
2. Principal Place of Business 21 <b>5850 LAKEHURST DR.</b> Suite, Apt. #, etc. 22 <b>290-5</b> City & State 23 <b>ORLANDO FL.</b> Zip 24 <b>32819</b>		2a. Mailing Address 26 <b>5850 LAKEHURST DR.</b> Suite, Apt. #, etc. 27 <b>150-6</b> City & State 28 <b>ORLANDO FL</b> Zip 29 <b>32819</b>		3. Date Incorporated or Qualified <b>02/16/1996</b> 3a. Date of Last Report <b>02/16/1996</b> 4. FEI Number <b>59-3361388</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BORGHINI, ENNIO 7732 COLEBROOK DR. ORLANDO FL 32818</b>			10. Name and Address of New Registered Agent 81 Name <b>ENNIO BORGHINI</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2875 GRANDBEND CT.</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32837</b>		
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  DATE <b>4/30/97</b> (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS TITLE <b>DPS</b> <input type="checkbox"/> DELETE NAME <b>BORGHINI, ENNIO</b> STREET ADDRESS <b>7732 COLEBROOK DR.</b> CITY-ST-ZIP <b>ORLANDO FL 32818</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS <b>2875 GRANDBEND CT.</b> 1.4 CITY-ST-ZIP <b>ORLANDO FL. 32837</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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:  DATE <b>4/30/97</b> DAYTIME PHONE # <b>(407) 351-2288</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)