


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

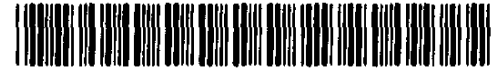
FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000071591 (7)**

1. Corporation Name

PORTUGUESE LANGUAGE INSTITUTE, INC.



Principal Place of Business

Mailing Address

~~2600 S.W. THIRD AVENUE~~
~~SUITE 800~~
~~MIAMI FL 33129~~

~~2600 S.W. THIRD AVENUE~~
~~SUITE 800~~
~~MIAMI FL 33129~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

65-0702565

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1000 BRICKELL AVE.**

26 **1000 BRICKELL AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 900**

27 **SUITE 900**

City & State

City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

Zip

Country

Zip

Country

24 **33131**

25 **USA**

29 **33131**

30 **USA**

9. Name and Address of Current Registered Agent

PERRONE, STEPHEN L
~~2600 S.W. THIRD AVENUE~~
~~SUITE 800~~
MIAMI FL 33129

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1000 BRICKELL AVE.

83 **SUITE 900**

84 City **MIAMI**

FL

85 Zip Code **33131**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ULLOA, SOPHIA AZEVEDO**
CITY-ST-ZIP **2600 S.W. THIRD AVENUE, SUITE 800**
MIAMI FL 33129

TITLE ☐ DELETE

NAME **DPT**
STREET ADDRESS **PERRONE, STEPHEN L**
CITY-ST-ZIP **2600 S.W. THIRD AVE, #800**
MIAMI FL

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **PERRONE, MARILYN J**
CITY-ST-ZIP **2600 S.W. THIRD AVE, #800**
MIAMI FL

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 **1000 BRICKELL AVE, SUITE 900**
1.4 CITY-ST-ZIP **MIAMI, FL 33131**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1000 BRICKELL AVE, SUITE 900**
2.4 CITY-ST-ZIP **MIAMI FL 33131**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **1000 BRICKELL AVE, SUITE 900**
3.4 CITY-ST-ZIP **MIAMI FL 33131**

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

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.

SIGNATURE:

STEPHEN L. PERRONE

2/25/98 305-379-7100

CR2E034 (10/97)