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



			~	77
	PROFIT RPORATION		RTMENT OF STATE	Apr 13 1998 8:00am
	UAL REPORT		B. Mortham ery of State	Secretary of State
	1998	DIVISION OF	CORPORATIONS	Secretary or State
DOCUMENT # P97000042994 (8) JC LINGUISTICS UNLIMITED, INC.				
Principal Place of Business Mailing Address				C 10011004 THE 10111 10044 BAILL COURT OBSIE COURT BEELE TITLE TRING TRING THE
1085 NW 117TH ST 1085 NW 117TH ST MIAMI FL 33168 MIAMI FL 33168			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/15/1997
2. Principal F	Place of Business	2a. Mailing Address	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number Applied For
21	A at a	26		65-075 8316 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23	Country	28	Country	Trust Fund Contribution Added to Fees
Zip 24	Country 25	29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of C		81 Name	10. Name and Address of New Registered Agent
1085 NW 117TH ST MIAMI FL 33168 83 84 11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above				Address (P.O. Box Number is Not Acceptable) 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 agont, 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, typing or printed name of registe	ned agest and title II applicable (NO	TE. Registered Agent signatur	
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE		☐ DELETE	1.1 TITLE	1
NAME STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS	Jean-Robert Jean-Charles 18
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Miami, Florida 33168
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,
TITLE	ĺ	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 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-7IP	1		SACITY_ST-7IP	I I

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 of suppliemental 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 on 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 chapter 607, or on an attact the address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

■ DELETE

04-06-98

(305) 687-2282

Change

Addition

FILED