

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90013 032 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000071350**

1. Corporation Name

**ACCENT LANGUAGES, INC.**

Principal Place of Business

978 SPOONBILL CIRCLE  
FORT LAUDERDALE FL 33326  
US

Mailing Address

978 SPOONBILL CIRCLE  
FORT LAUDERDALE FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

65-0775088

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 978 SPOONBILL CIRCLE

26 978 SPOONBILL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WESTON - FL

28 WESTON, FL

24 33326

Country USA

29 33326

Country USA

9. Name and Address of Current Registered Agent

IOLE, KATIA  
978 SPOONBILL CIRCLE  
FORT LAUDERDALE FL 33126

10. Name and Address of New Registered Agent

81 Name

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

83

84 City WESTON

FL 85 Zip Code 33326

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME IOLE, KATIA  
STREET ADDRESS 978 SPOONBILL CIRCLE  
CITY-ST-ZIP FORT LAUDERDALE FL 33126

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

WESTON, FL 33326

TITLE STD ☐ DELETE

NAME IOLE, LUIZ  
STREET ADDRESS 978 SPOONBILL CIRCLE  
CITY-ST-ZIP FORT LAUDERDALE FL 33126

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

WESTON, FL 33326

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 23rd/99 349-4085

CR2E034 (5/99)

0066795

PA 70000 71350  
SA 7540-90013-32

JULY 23<sup>RD</sup>, 99

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS

REF: ACCENT LANGUAGES, INC --- FEI - 65-0775088

PLEASE FIND ATTACHED OUR CHECK IN THE AMOUNT OF US\$ 150.00  
FOR THE CORPORATION FILING FEE FOR THE YEAR OF 1999.

I SPOKE WITH SOMEONE (A LADY) THERE ON FRIDAY 23<sup>RD</sup>. WE COULD  
NOT TAKE CARE OF THIS BEFORE BECAUSE WE WERE OUT OF THE  
COUNTRY AND UPON GETTING HERE WE SAW THE SECOND NOTICE.

I APOLOGIZE FOR THE DELAY, BUT THIS IS A SMALL CORPORATION,  
JUST MY HUSBAND AND MYSELF, AND NONE OF US HAS RECEIVED  
THE FIRST NOTICE IN THE FIRST PLACE.

ALL OUR CORRESPONDENCE SHOULD BE SENT TO:  
ACCENT LANGUAGES, INC.  
978 SPOONBILL CIRCLE  
WESTON, FL 33326

YOURS TRULY,

  
KATTIA P. IOLE

Accent Languages Inc.

# 65-0775088

Phone: (954) 349-4085

Fax: (954) 349-4021

E-mail: iolekalu@worldnet.att.net