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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086840 (0)

INTERNATIONAL LANGUAGE CENTER, INC.

Principal Place of Business Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



7001 GRAND ORLANDO FL	NATIONAL DRIVE STE. 104 32819	7001 GRAND ORLANDO FL	NATIONAL DRIV 32819	VE \$TE.	104	DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 10/08/1997
	lace of Business	2a. Mailing Ad	dress			4. FEI Number Applied Fo
21		26				59-347/926 Not Applica
Suite, Apt.		Suite, Apt.				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State	e 	City & State	e 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30	<u> </u>		Personal Property Tax due June 30. 🛮 Yes 🔲 No
	Name and Address of Current	nt Registered Agen	<u> </u>	81	l Ni	10. Name and Address of New Registered Agent
	STA, ANA LUCIA C			01	Name	TIE .
)1 Grand National Drive \$1	TE. 104		82	Street	eet Address (P.O. Box Number is Not Acceptable)
OH	LANDO FL 32819			83		
				63		
				84	City	FL 85 Zip Code
15 Pureuant	to the provisions of Spotiage COZ (IEC	12 and 607 1509 Eld	rida Ctatutas i	the about		ned corporation submits this statement for the purpose of changing its register
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	eof Florida. Such cha	ange was auth	orized by	/ the co	corporation's board of directors. I hereby accept the appointment as registere
SIGNATURE	Signature, typed or printed name of rog stere; age		MOT D			ature required when reinslating) DATE
12.		D DIRECTORS	(NOTE HE	13.	int signatui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELE TE	1.1 TITLE		. Change Addi
NAME	COSTA, ANA LUCIA C	_		1.2 NAME		
STREET ADDRESS	7001 GRAND NATIONAL DRIV	/E STE. 104		1.3 STREET	ADDRESS	22
CITY-ST-ZIP	ORLANDO FL 32819			1.4 CITY-S		
TITLE	D	X	DELETE	2.1 TITLE	1 21	Change Addi
NAME	PAULINO, RAMONA	•		2.2 NAME		
STREET ADDRESS	2049 RIVERTREE CIR.		j	2.3 STREET	ADDRESS	SS
CITY-ST-ZIP	ORLANDO FL 32839			2 4 CITY-5		
TITLE	0	X	DFLETE	3 1 TITLE	2. 2.0	☐ Change ☐ Addi
NAME	FLORES, CATHERINE	•		3.2 NAME		
STREET ADDRESS	5256 WILLOW COURT APT.	532		3 3 STREET	ADDRESS	SS
CITY-ST-ZIP	ORLANDO FL 32811			3.4. CITY - S		
TITLE	D		DELETE	4.1 TITLE		☐ Change ☐ Addi
NAME	NASCIMENTO DE SOUZA , N			4. 2 NAME		
STREET ADDRESS	7001 GRAND NATIONAL DRIV	/E STE. 104	1	4.3 STREET	ADDRESS	22
City-St-Zip	ORLANDO FL 32819			4.4 CITY - S	T-ZIP	
TITLE			DELETE	5.1 TITLE		DiRECTOR Change Addi
NAME				5.2 NAME		WALEWSKY ADRIAND LIMA
STREET ADDRESS				5.3 STREET	ADDRESS	WALEWSKY ADRIAND LIMA 7001 GRAND NATIONAL DRIVE STE ICH ORLANDO 1 FL. 32819
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	ORLANDO 1FL. 32819
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addi
NAME				6.2 NAME		
STREET ADDRESS				63 STREET	ADDRESS	ss
CITY-ST-ZIP				6.4 CITY-S		
14. I hereby c	ertify that the information supplied w	ith this filing does no	of qualify for the	e exemp	tion stat	lated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati signature shall have the same legal effect as if made under oath; that I am an
officer or o	director of the corporation or the rece or Bloc k 13 if changed, or or _v an alta	civer or trustee empe	owered to exec	cute this	report a	as required by Chapter 607, Florida Statutes; and that my name appears in