

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1999 2001

DOCUMENT # P98000085214

Corporation Name
FOUR LANGUAGE TRAFFIC SCHOOL INCORPORATED

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90360 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1998

4. FEI Number

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NETO, FRANCISCO I
766 RICH DRIVE #100
DEERFIELD BEACH FL 33441

810 NE 43 CT
POMPANO BEACH
33064

81 Name

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

83

84 City

FL 85 Zip Code

1. 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.	OFFICERS AND DIRECTORS
TITLE	<input type="checkbox"/> DELETE
NAME	PRESIDENT
STREET ADDRESS	FRANCISCO ITALIANO NETO
CITY-ST-ZIP	741 E ATLANTIC BLVD. POMPANO BEACH, FL 33060
TITLE	<input type="checkbox"/> DELETE
NAME	ADMINISTRATIVE DIRECTOR
STREET ADDRESS	ELZA C. ITALIANO CARVALHO
CITY-ST-ZIP	810 NE 43 CT POMPANO BEACH, FL 33064
TITLE	<input type="checkbox"/> DELETE
NAME	FINANCE DIRECTOR
STREET ADDRESS	MIRTHES C. ITALIANO CARVALHO
CITY-ST-ZIP	810 NE 43 CT POMPANO BEACH, FL 33060
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (11/98)

2. 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, with all other like empowered.

SIGNATURE