FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S82087** **(5)**

1. Corporation Name

INTERLINGUA INTERNATIONAL INC.

Principal Place of Business	Mailing Address
9300 S. DADELAND BLVD. SUITE 204 MIAMI FL 33156	9300 S. DADELAND BLVD. SUITE 204 MIAMI FL 33156

2. Principal Place of Business	2a. Mailing Address
21 141 N.E. 3RD AVE	26 141 N.E 3 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 402	27 SUITE 402
City & State	City & State
23 MIAMI, FL	28 MIAMI FL
Zip / Country	Zip / Country
24 33132 / 25	29 33132 / 30

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 08/29/1995
4. FEI Number: 65-0334568 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VITALE, LINEU
10629 HAMMACKS BLVD.
SUITE 636
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name: VITALE, LINEU
82 Street Address (P.O. Box Number is Not Acceptable): 15001 S.W. 91 TERR
83
84 City: MIAMI FL 85 Zip Code: 33196

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	VITALE, LINEU		1.2 NAME		
STREET ADDRESS	10629 HAMMOCKS BLVD. #636		1.3 STREET ADDRESS	15001 SW 91 TERR	
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP	MIAMI – FL – 33196	
TITLE	S	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	VITALE, GRACIELA		2.2 NAME		
STREET ADDRESS	10629 HAMMOCKS BLVD. #636		2.3 STREET ADDRESS	15001 SW 91 TERR	
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-ST-ZIP	MIAMI – FL – 33196	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			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-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Blocks 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LINEU VITALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96 (305) 382 8521
Date / Daytime Phone #