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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

141 NE 3RD AVENUE
SUITE 402
MIAMI FL 33132
US

Mailing Address

141 NE 3RD AVENUE
SUITE 402
MIAMI FL 33132-2221
US



2. Principal Place of Business

BLVD

2a. Mailing Address

21 9300 S. DADELAND

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

27

City & State

City & State

23 MIAMI FL

28

Zip

Country

Zip

Country

24 33156

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/23/1991

3a. Date of Last Report
05/29/1996

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

10. Name and Address of New Registered Agent

VITALE, LINEU
15001 SW 91 TERRACE
SUITE 636
MIAMI FL 33196

81 Name
VITALE, LINEU

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

15001 SW 91 TERRACE

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

Signature, type 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 D
NAME VITALE, LINEU
STREET ADDRESS 15001 SW 91 TERRACE
CITY-STATE-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE S
NAME VITALE, GRACIELA
STREET ADDRESS 15001 SW 91 TERRACE
CITY-STATE-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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

4/24/97 305 670 5153

CR2E034 (9/96)