

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V06801** (7)

1. Corporation Name

INTER-AMERICAN SCHOOLS OF FLORIDA, INC.



Principal Place of Business

**1025 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179**

Mailing Address

**1025 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

**COSONAS, CHARLES D
1025 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified

01/08/1992

3a. Date of Last Report

05/01/1995

4. FET Number

65-0304348

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

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person making this statement

Signature of person making this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SUASSUNA, NEY ROBINSON	
STREET ADDRESS	% 112 S. HIBISCUS AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	PARANHOS, TANIA	
STREET ADDRESS	% 112 S. HIBISCUS AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	SUASSUNA, RODRIGO LANGARO	
STREET ADDRESS	% 112 S. HIBISCUS AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished in good faith and not guilty for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 prepare this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1a.1

CR2E034 (12/95)