

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V48599

(7)

1. Corporation Name

LADO FOREIGN LANGUAGES, INC.

Principal Place of Business

**10851 N KENDALL DR #120
MIAMI FL 33176**

Mailing Address

**10851 N KENDALL DR #120
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1992

3a. Date of Last Report

07/12/1994

2. Principal Place of Business

21 9631 S.W. 104 CT

2a. Mailing Address

26 9631 S.W. 104 CT.

4. FEI Number

65-0346585

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

24 33176

Country

25 DAE

Zip

29 33176

Country

30 DAE

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FIGUEROA, JUAN A CPA
300 SEVILLA AVE.
STE. 309
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PONCE, JAIMÉ
STREET ADDRESS 10851 N KENDALL DR #120
CITY - ST - ZIP MIAMI FL

TITLE DV
NAME PONCE, ANA MARIA
STREET ADDRESS 10851 N KENDALL DR #120
CITY - ST - ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **9631 S.W. 104 ct.**
1.4 CITY - ST - ZIP **MIAMI, FL 33176**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **9631 S.W. 104 ct.**
2.4 CITY - ST - ZIP **MIAMI, FL 33176**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(3)(k), 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: *Juan de Ponce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 (305) 273-1140
Date Secretary