

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S86794

Entity Name: LAL LANGUAGE CENTERS FLORIDA INC.**Current Principal Place of Business:**5727 N FEDERAL HWY
FORT LAUDERDALE, FL 33308**Current Mailing Address:**5727 N FEDERAL HWY
FORT LAUDERDALE, FL 33308 US**FEI Number:** 65-0289242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLANDS ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARK WILLIAMS

04/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PERKINS, ALEX
Address 5727 N FEDERAL HWY
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name BARTON, BOB
Address 5727 N FEDERAL HWY
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name BELLIA, JEAN MARC
Address 5727 N FEDERAL HWY
City-State-Zip: FORT LAUDERDALE FL 33308

Title PRESIDENT
Name PERKINS, ALEX
Address 5727 N FEDERAL HWY
City-State-Zip: FORT LAUDERDALE FL 33308

Title VICE-PRESIDENT
Name BELLIA, JEAN MARC
Address 5727 N FEDERAL HWY
City-State-Zip: FORT LAUDERDALE FL 33308

Title SECRETARY
Name SLATER, MARTIN
Address 5727 N FEDERAL HWY
City-State-Zip: FORT LAUDERDALE FL 33308

Title TREASURER
Name BARTON, BOB
Address 5727 N FEDERAL HWY
City-State-Zip: FORT LAUDERDALE FL 33308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN SLATER**EXECUTIVE MANAGER**

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date