

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S86794

**Entity Name:** LAL LANGUAGE CENTERS US 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  
515 E. PARK AVENUE  
SUITE 101  
TALLAHASSEE, FL 32301 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

04/23/2015

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

SECRETARY

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date