FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 306853 (3)

1. CORPORATE NAME
ASSOCIATE INTERPRETERS INC

Principal Office Address
19 WEST FLAGLER ST
BISCAYNE BLDG
MIAMI FL 33130

Mailing Address
19 WEST FLAGLER ST
BISCAYNE BLDG
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 07/07/1966
3a. Date of Last Report: 05/26/1994

2. Place for Service of Process
21
2a. Mailing Address
26

4. FEI Number: 59-1148480 — Applied For / Not Applicable

22 Street Address
27 Street Address
23 City & State
28 City & State
24 Zip
25 Country
29 Zip
30 Country

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

9. Name and Address of Current Registered Agent

SELIGMANN, E. JORDANA
19 W. FLAGLER ST. (#814)
MIAMI FL 33130

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 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS

P
JORDANA, SELIGMANN E
13255 S W 88TH LANE / STE 408-C
MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report, filed pursuant to Section 607.0505, Florida Statutes, is true and accurate and that my electronic signature shall have the same force and 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 Section 607.0505, Florida Statutes; and that my name appears above, or on an attached exhibit, as an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Section 607.0505, Florida Statutes.

SIGNATURE: E. Jordana Seligmann PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4-26-95 305 371-9040
DATE TELEPHONE NUMBER

0126590 CP