1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 306853

1. Corporation Name ASSOCIATE INTERPRETERS INC

Principal Place of Business Mailing Address

## Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90025 020 \*\*\*150.00



19 WEST FLAG BISCAYNE BLD MIAMI FL 33130	G	19 WEST FLAGLER ST BISCAYNE BLDG MIAMI FL 33130		-		ate Inco	orporated or C	OT WRITE IN THIS	SPACE		
2 Principal Pl	ace of Business	2a. Mailing Address				I Num			Apr	olied For	
21 7 (Incipal 1 )	ace of Dusiness	26			"	9-114				Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.						\$8.75 A	dditional	
22 ~	The second se	27			5. Ce	ertifcate	of Status De	sired	. Fee.Re	quired .	
City & State	e .	City & State	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28			Tr	ust Fur	nd Contributio	<u>n</u>	Added to	Fees	
Zip	Country .	Zip	Zip Country			nis corp	oration owes	the current year Int		_ }	
24	25	29 30			Personal Property Tax.						
•	9. Name and Address of Curren	nt Registered Agent		I	10. N	ame ar	nd Address o	f New Registered	Agent	_	
0511	0144114 E 10004414			81 Name							
SELIGMANN, E. JORDANA				82 Street	Address (P.O	. Box N	lumber is Not	Acceptable)			
19 W. FLAGLER ST. (#814)											
MIAN	AFFL 33130 -	• • • • • • • • • • • • • • • • • • • •		83							
			ŀ	84 City					85 Zip C	ode	
	·			'				FL			
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											
	Signate 6, typed or printed name of registered agen		_	Agent signature	required when reins			DATE:	D DIDEOTO	DC IN 12	
12.		ID DIRECTORS	13.	-	AD	DITION	S/CHANGES	10 OFFICERS AN 400 /5845 S	M Change	Addition	
TITLE	P		1.1 TIT		Doragi	ハク	Serigin	משיל ביורים	F. J. M	101	
NAME	JORDANA, SELIGMANN)E	400.0	1.2 NA		5845	5W -	16th 5	F. 15027 7	W JUD'	27-	
STREET ADDRESS	13255 S.W. 88TH LANE / STE	408-6		REET ADDRESS	MAL	· ·	U	33155		}	
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STREET ADDRESS											
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NAME			5.2 NA					·	_ ,	_	
STREET ADDRESS	·			REET ADDRESS							
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP							
OH 1-31-4IF					I						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

☐ Addition

Change