FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:07

DOCUMENT # **515103** **(0)**

1. Corporation Name

INTERNATIONAL SIMULTANEOUS TRANSLATION SERVICE (U.S.A.) INC.

Principal Place of Business	Mailing Address
575 RANDY LANE FT. MYERS BCH FL 33931	575 RANDY LANE FT. MYERS BCH FL 33931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1976	3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-1708502	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEDERSEN, KJELL 2555 ESTERO BLVD FT MYERS BCH FL 33931	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	THEIL, ROBERT	12 NAME	THIEL, ROBERT	
STREET ADDRESS	5 REDFERN PLACE	13 STREET ADDRESS	90 MONTEE DE LIESSE	
CITY ST ZIP	BEALONSFIELD, PQ	14 CITY ST ZIP	MONTREAL, QUEBEC, CANADA	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	THIEL, HARALD	22 NAME	THIEL, HARALD	
STREET ADDRESS	18 COUNTRY CLUB DR.	23 STREET ADDRESS	90 MONTEE DE LIESSE	
CITY ST ZIP	ETOBICOKE, ONT.	24 CITY ST ZIP	MONTREAL, QUEBEC, CANADA	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 119.07(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: [signature] ROBERT THIEL 29/5/95 514-340-1821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0324410 CP