FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 641767

(9)

AMBHLINGUAL ASSOCIATES, INC.

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Mar	17	1998	8:00am
Se	cret	tary o	f State

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Principal Plac	e of Business	Mailing Address			
4	18TH AVENUE	4445 WEST 16TH AVENUE			
SUITE 500 HIALEAH FL	92M 2	SUITE 500 HIALEAH FL 33012		DO NOT W	VRITE IN THIS SPACE
HINCENII FE	93 0 12	HINDENN FL 33014		3. Date Incorporated or Quali	
				10/17/1979	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 280	W. 495T.	26 900 W.	49 St	59-1947602	Not Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			d \$8.75 Additional
22 Sisi	M 330	27 Suite 33	30	5. Certificate of Status Desire	Fee Required
City & Stat	61. 1 61	City & State		6. Election Campaign Financi	ng \$5.00 May Be
	leah, FL	28 HALRAM		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	1	as paid the current year Intangible
24 334		11	0 115A	Personal Property Tax due	
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of Ne	w Registered Agent
	NSEL, VIVIAN T.		81 Name	Vivian T. Harris	
	45 WEST 16TH AVENUE		82 Street A	ddress (P.O. Box Number is Not Acc	
	JITE 500		9	00 W. 49 St.,	# 330
HI	ALEAH FL 33012		[83]	HALLAL EI	
			84 City	(((((((((((((((((((85 Zip Code
 					FL 330/3
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of militar with, and accept the obligations.	! and 607.1508, Florida Statutes of Florida. Such change was au	i, the above-named (thorized by the corp	corporation submits this statement for pration's board of directors. I hereby a	the purpose of changing its registered accept the appointment as registered
agent.la	m familiar with, and accept the obligat	tions of, Section 607.0505, Ftori	da Statutes.	· •	- 18
SIGNATURE	Signature, typed or pented name of registered agent	arus	Ragistered Agent signature i	3-	-12-58
	Signature, typed or printed name or registered agent	t and little it applicable (NOTE: I	Habistareo Abent elbuatura i	equired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO (DEFICERS AND DIRECTORS IN 12
12. TITLE	OFFICERS AND		13. 1.1 TITLE		DFFICERS AND DIRECTORS IN 12 Change
TITLE	SP	DIRECTORS DELETE	1.1 TITLE	SP	Change
TITLE NAME			1.1 TITLE 1.2 NAME	SP	Change
TITLE NAME STREET ADDRESS	SP Harris, Vivian T 4445 W. 18 Avenue #500		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	SP Harris, Vivian T 900 West 49 St.	XChange □ Addition #33∂
TITLE NAME	SP Harris, Vivian T		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SP Harris, Vivian T 900 west 49 st, Hialah, Fl 330.	XChange □ Addition #330 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP HARRIS, VIVIAN T 4445 W. 16 AVENUE #500 HIALEAH, FL 00000 STD	, DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SP Harris, Vivian T 900 west 49 st, Hialah, Fl 330.	XChange □ Addition #330 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SP HARRIS, VIVIAN T 4445 W. 16 AVENUE #500 HIALEAH, FL 00000 STD HARRIS, VIVIAN T	, DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SP Harris, Vivian T 900 west 49 st, Hialah, Fl 330.	XChange □ Addition #330 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SP HARRIS, VIVIAN T 4445 W. 16 AVENUE #500 HIALEAH, FL 00000 STD	, DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	SP Harris, Vivian T. 900 West 49 St. Hallah, Fl 330, STD Harris, Vivian T. 700 West 49 St.	XChange □ Addition #330 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SP HARRIS, VIVIAN T 4445 W. 16 AVENUE #500 HIALEAH, FL 00000 STD HARRIS, VIVIAN T 4445 W 16 AVE., #500	, DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	SP Harris, Vivian T. 900 West 49 st. Hialiah, Fl 330, STD Harris, Vivian T. 900 West 49 st. 1	#330 #330 } Change □ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SP HARRIS, VIVIAN T 4445 W. 16 AVENUE #500 HIALEAH, FL 00000 STD HARRIS, VIVIAN T 4445 W 16 AVE., #500	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	SP Harris, Vivian T. 900 West 49 St. Hallah, Fl 330, STD Harris, Vivian T. 700 West 49 St.	#330 12 □ Change □ Addition #330 □ Change □ Addition #330 3012
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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, or on an attachment with an address.