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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 30 1997 8:00am Secretary of State

1997

DOCUMENT # F9600005065 (5)

DELTA TRANSLATION INTERNATIONAL, INC.

| Principal Place of Business 1900 WATER ST #1543 DENVER CO 80202 | | Mailing Address 1900 WATER ST #1543 DENVER CO 80202-1215 | | | | |
|---|---|--|--------------------------------|--|------------------------------------|----------|
| | | : | | 3. Date Incorporated or Qualified 10/01/1996 | 3a. Date of Last Report | 7 |
| 2. Principal Pa | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 1900 | WAZEEST | 26 1900 WAZE | EE SI | 84-1223411 | Not Applicable | - |
| Suley Apt 4 22 # 15 | 43 | Suito Apt #, etc. 27 # 1543 | , | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State 23 DE N V | | 28 DENVEL | Co | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 24 8020 | 02 25 U.S.A | 29 80202 30 | Country SA | | Yes X No | |
| | 9. Name and Address of Current | Registered Agent | -21 | 10. Name and Address of New Re | egistered Agent | _ |
| | ILAS, PAUL | | 81 Name | | | |
| | LUZON AVE. | | 82 Street Addr | ress (P.O. Box Number is Not Accepta | ble) | ٦ |
| TAM | PA FL 33606 | | B3 | | | \dashv |
| | | | 03 | | | |
| | | | 84 City | | FL 85 Zip Code | 1 |
| 11 Pursuant | to the provisions of Sections 607 0502 | and 607 1508 Florida Statutes, I | the above-named corr | poration submits this statement for the | nurgose of changing its registered | 1 |
| office or re | egistered agent, or both, in the State on familiar with, and accept the obligat | f Florida. Such change was auth | orized by the corporal | tion's board of directors. I hereby acce | pt the appointment as registered | |
| | m ramiliar wan, and accept nie ooligat | ions or, section borrosos, monoc | a diatutes. | | | |
| SIGNATURE | Signary in appropriate distance of registered agont | and the if applicable (NOTE Re | gistered Agent signature requi | | DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFI | | _ |
| TITLE | PDC | ☐ DELETE | 1.1 TOTLE | | Change Addition | 1 |
| NAME | JENKINS, TIMOTHY J | | 1.2 NAME | | | - |
| STREET ADDRESS | 21454 MT FALCON RD. | | 1.3 STREET ADDRESS | | | 1 |
| City Sty ZiP | INDIAN HILLS CO 80454 | T December | 1.4 CITY-ST-ZIP | | Change Addition | - |
| 11*1.6 | SD SAUCHO MARY E | DELETE | 2.1 TITLE | | Change Addition | ۱ ا |
| NAME | JENKINS, MARY E | | 2.2 NAME | | • | |
| STREET ASDRESS | 21454 MT FALCON RD. INDIAN HILLS CO 80454 | | 2.3 STREET ADDRESS | | | |
| CHY-ST-ZIP | INDIAN HILLS CO 80454 | DELETE | 2. 4 CITY-S1-ZIP 3.1 TITLE | | Change Addition | - |
| Title# | | L_J OFFICE | 3.2 NAME | | - 4-mile - 100mon | |
| NAME CLASSIA VIOLENCE | | | 3.3 STREET ADDRESS | | | |
| STREET ALORESS | | | 3.4. CITY - S1 - ZIP | | | |
| CHY S1-Zar Tole | | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition | |
| NAMI | | | 4 2 NAME | | | 1 |
| STREET ADORESS | | | 4 3 STREET ADDRESS | | | - |
| Cit V - S.I - Zita | | | 44 CITY - ST - ZIP | | | |
| 100 | | ☐ DELETE | 5.1 TITLE | | Change Addition | 1 |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | - |
| CITY - ST- ZIF | | | 5.4 CITY+ST-ZIP | | |] |
| Till of | | DELETE | 6.1 TITLE | | Change Addition | 1 |
| NAME. | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADORESS | | | |
| CHY-SL ZIP | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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 efficier 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

(303)298-7571 8