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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

(5)

PTL FREE-LANCE TRANSLATING SERVICES & ASSOCIATES . INC.

FILED Mar 16 1998 8:00am Secretary of State



, """							
Principal Place of Busine	ess	Mailing Address	•		- I INTERIOR DE LOGOT CIDIO DISCOTORISTO DESCRITORE DIDIC	8(811 8181) 8181 <u>)</u> 9	1810 B1841 1881
P.O. BOX 55-8146 P.O. BOX 55-8146 MIAMI FL 33255-8146					DO NOT WRITE IN TH	US SPACE	
(3. Date Incorporated or Qualified	IIO DI AGE	
•					05/07/1990		
2. Principal Place of Business		2a. Mailing Address		- Marie		Applied For	
21		26				lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22 City & State		City & State		Fée Required			
23		28		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
l Zin	Country	Zip	Countr	y	8. This corporation owes or has paid the		
24 9. Nan	25	29	30	<u>-</u>	Personal Property Tax due June 30.		No
,- 9. Nan	ne and Address of Current	Registered Agent	· · · ·		10. Name and Address of New Register	ed Agent	
NODARSE (CONNIE	NEW ADDRESS fo	81	Name			
					ress (P.O. Box Number is Not Acceptable)		
COMAL GABELOTE 80146							
6800 S	W. 40th St., #1	73	83				
	FLORIDA 33155		84	City	<u> </u>	L 85 Zip	Code
11. Pursuant to the prov	isions of Sections 607.0502	and 607.1508, Florida Statut	tes, the abov	e-named corp	poration submits this statement for the purpose	e of changing i	its registered
agent. I am familiar	with, and accept the obligati	i Florida: Such change was ions of, Section 607.0505, FI	autnorized b lorida Statute	y tne corpora: s.	tion's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	ridad fri				MARCH	<u> "L. L</u>	778
Signature, typ	ed or printed name of registered agent OFFICERS AND		F. Registered Ag	eni signature requi	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DC IN 12
TITLE PVT		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO 07 TICEAS A	Change	Addition
NAME PRIET	O, CARIDAD 6800	S.W. 40th St.	1.2 NAME				
STREET ADDRESS 4578	MADRUGA AVE: #124	No. 173,	1.3 STREE	T ADDRESS			
CITY-ST-ZIP CORA	L'OABLES FL- Mian	ni, FL. 33155	1.4 CITY-	ST-ZIP			
TITLE DS	. <u>.</u>		2.1 TITLE			Change	☐ Addition
	PRIETO, CARIDAD 6800 S.W. 40th St.		2.2 NAME				
	MADRUGA AVE: #124	No. 173	2.3 STREE	ADDRESS			
O117 G1 EN	L'OABLEOFL Miami	, FL. 33155	2. 4 CITY- 3.1 TITLE	ST-ZIP			
TITLE	☐ DELETE					☐ Change	Addition
NAME			3.2 NAME		_		
STREET ADDRESS			- 1	ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-	ST-ZIP		Change	Addition
NAME			4.2 NAME			L Change	☐ MOOICON
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4.4 CITY-5				1
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME			₹	
STREET ADDRESS			5.3 STREET	ADDRESS			j
CITY-ST-ZIP	, <u> </u>		5.4 CiTY - 9	T-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP		A 1 - 200	6.4 CITY-S				
14. I bereby certify that f.	ae information supplied with	this filing does not qualify for	or the evenin	tion stated in	Section 119 07/3Vi) Florida Statutes, Lfurther	certify that the	information

indicated on this annual report or supplies with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 oddress.