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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L84766

NATIONAL TRANSLATING AND INTERPRETING SERVICES,

Principal Place of Business	Mailing Address			
% LUCILLE M. GRENET	% LUCILLE M. GRENET			
45-2224	45-2224			
MIAMI FL 33245	Miami Fl 33245			

FILED May 16 1997 8:00am Secretary of State

INC.	· · · · · · · · · · · · · · · · · · ·		-,							
Principal Place of Business * LUCILLE M. GRENET 45-2224 MIAMI FL 33245		Mailing Address % LUCILLE M. GRENET 45-2224 MIAMI FL 33245				ENERH ENORM		OU BUOK KODA		
						3. Date Incorporated or Qualified 06/27/1990	Pale of Last Report /29/1996			
2. Principal Place of Business 2a. Mailing Address						4. FET Number		1 1	Applied For	
21 Sulte, Apt.	# etc	26 Suite, Apt. #, etc.			65-0204644			Not Applicable	;	
22		27			5. Certificate of Status Desired	Desired S8.75 Additional Fee Required				
City & State	9	City & State			6. Election Campaign Financing					
23		28			Trust Fund Contribution			d to Fees		
24 ZIP	Zip Country Zip 24 25 29			intry			liability for intangible tax under s. 199.032,			
	9. Name and Address of Current		30	T		10. Name and Address of New Re				-
GRE	NET, LUCILLE M.	···		81	Name					1
0405 EONTAINEDITIE DIVID ADT 407			82	Street Addre	ess (P.O. Box Number is Not Acceptate	le)				
MIAMI FL 33172				00					·	
*				83						
				84	City		FL	85 Zij	p Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	les, the a	pove TTT	-named corp	oration submits this statement for the pion's board of directors. I hereby accep			j its registered	+
office of fi agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation of the contract of the co	∃ lorida. Such change was ons of, Section 607.0505, Fl	aulhorizo Iorida Stal	d by tutes	the corporati	ion's board of directors. I hereby accep	it the app	pointmont a	as registered	
SIGNATURE										
12.	Signaturo, typed or printed name of registered agent a OFFICERS AND I		It: Registere 18.	d Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND	n nipecti	ODC IN 12	-
TITLE	PST	DELETE	1.111	TLE		ADDITIONOS GIANALO TO OFFIC	LUO VIAI	Change		- 2
NAME	GRENET, LUCILLE		1.2 N	AME				0		
STREET ADDRESS	9435 FONTAINEBLUE BLVD.		1.3 \$11							ြန်
CITY-ST-ZIP	MIAMI FL		14 CITY-		- ZIP					Š
TITLE	D	☐ DELETE	2 (1)	Ш				☐ Change	eAddition	٦
NAME	GRENET, LUCILLE		22 N		ĺ	**				
STREET ADDRESS	9435 FONTAINEBLUE BLVD.				ADDRESS					
CITY-ST-ZIP TITLE	MIAMI FL	□ DELETE	•	11Y-S	1 - ZIP			Observe		4
NAME			317) 3.2 N/					Change	e 🔲 Addition	
STREET ADDRESS					ADDRES\$					
CITY-ST-ZIP			1	11Y - S						
TITLE		DELFTE	4.1 TI		1.50			Change	Addition	+
NAME			4. ⊉ N					£		
STREET ADDRESS					ADDRESS					
City-St-ZIP				TY - \$1						
TITLE		DELETE	5.1 TITLE					Change	Addition	7
NAME			5.2 N/	AME						
STREET ADORESS			5.3 \$1	REFTA	ADDRESS					
CITY-ST-ZIP			5.4 CI	1Y-S1	- 7H²					
TITLE		DELETE	6.111	TLE				Change	Addition	
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 S1	HEET A	ADDRESS					
CITY-ST-ZIP			64 CI							
I 1 Strothereb	by certify that the information supplied v	with this filma does not quali	ty for the	ехег	notion stated	in Section 119.07(3)(A. Florida Statutes	 Hurthe 	r certify the	at the	- 1

Information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall play the same legal effect as if made under eath; that I am an officer or director of the coporation or the receiver or mustee employered 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.