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Apr 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001703 (7)

1. Corporation Name

AMERICAN TRANSLATORS ASSOCIATION, FLORIDA CHAPTE
R, INC.



Principal Place of Business

Mailing Address

1700 N. DIXIE HWY
SUITE 114
BOCA RATON FL 33432

1700 N. DIXIE HWY
SUITE 114
BOCA RATON FL 33432-1808

3. Date Incorporated or Qualified
04/04/1994

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

33283-0632 U.S.A.

4. FEI Number

65-0482561

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ-MALLADA, ANA
6481 SW 42 ST
MIAMI FL 33155

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIVAS, ANTHONY
STREET ADDRESS 1821 SW 107 AVE #2002
CITY-ST-ZIP MIAMI FL

DELETE

1.1 TITLE PD
1.2 NAME Martinez, Guillermo
1.3 STREET ADDRESS 12833 S.W. 67 Terr.
1.4 CITY-ST-ZIP MIAMI, FL 33183-1337

Change Addition

TITLE VPD
NAME BURRANCA, CONSUELO
STREET ADDRESS 11527 SW 64 ST #B
CITY-ST-ZIP MIAMI FL

DELETE

2.1 TITLE VPD
2.2 NAME Lindsey, Beate
2.3 STREET ADDRESS 19511 N.W. 79th.
2.4 CITY-ST-ZIP MIAMI, FL 33015

Change Addition

TITLE S
NAME HEGGIE, MICHAEL
STREET ADDRESS 6187 LA VIDA TERRACE
CITY-ST-ZIP BOCA RATON FL 33433

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME ORDNIZ, JEAN G.
STREET ADDRESS 490 E PALMETTO PARK RD #350
CITY-ST-ZIP BOCA RATON FL

DELETE

4.1 TITLE TD
4.2 NAME Weyman, Itzaris
4.3 STREET ADDRESS 7461 S.W. 115th.
4.4 CITY-ST-ZIP MIAMI, FL 33173

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Itzaris Ng Weyman Itzaris Ng Weyman 3/21/97 (305) 596-4742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038917

CR2E037 (9/96)