

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001703 (7)
 1. Corporation Name
AMERICAN TRANSLATORS ASSOCIATION, FLORIDA CHAPTE R, INC.



Principal Place of Business 1700 N. DIXIE HWY SUITE 114 BOCA RATON FL 33432	Mailing Address P.O. BOX 830632 MIAMI FL 33283-0632 US
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3. Date Incorporated or Qualified 04/04/1994	
4. FEI Number 65-0482561	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
 GOMEZ-MALLADA, ANA
 6481 SW 42 ST
 MIAMI FL 33155

10. Name and Address of New Registered Agent
 81 Name **CHANTAL SCAVUZZO**
 82 Street Address (P.O. Box Number is Not Acceptable)
7684 ROCK PORT CIRCLE
 83
 84 City **LAKE WORTH** FL 85 Zip Code **33467**

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: *Chantal Scavuzzo* DATE: **7/15/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, GUILLERMO	
STREET ADDRESS	12633 SW 67TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	LINDSEY, BEATE	
STREET ADDRESS	19511 NW 79TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HEGGIE, MICHAEL	
STREET ADDRESS	6167 LA VIDA TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEYMAN, ITZARIS	
STREET ADDRESS	7461 SW 115TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDERSON, KIRK	
1.3 STREET ADDRESS	2455 Flamingo Dr #401	
1.4 CITY-ST-ZIP	Miami Bch, FL 33140	
2.1 TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cardosa da Silva, Regina	
2.3 STREET ADDRESS	6277 NW 181 ST.	
2.4 CITY-ST-ZIP	Miami Lakes, FL 33015	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOPEZ, TERESA	
3.3 STREET ADDRESS	10300 SW 24th ST. #C-31	
3.4 CITY-ST-ZIP	Miami, FL 33165	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCAVUZZO, CHANTAL	
4.3 STREET ADDRESS	7684 ROCK PORT CIRCLE	
4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Chantal Scavuzzo* DATE: **7/15/98** (561) 439-0996
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (5/98)