

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 23 1998 8:00am<sup>8</sup>  
Secretary of State

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

P.O. BOX 830632  
MIAMI FL 33283-0632  
US

3. Date Incorporated or Qualified

04/04/1994

4. FEI Number

65-0482561

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARTINEZ, GUILLERMO  
STREET ADDRESS 12833 SW 67TH TERR  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE VPD  
NAME LINDSEY, BEATE  
STREET ADDRESS 19511 NW 79TH CT  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE S  
NAME HEGGIE, MICHAEL  
STREET ADDRESS 6167 LA VIDA TERRACE  
CITY-ST-ZIP BOCA RATON FL 33433

☒ DELETE

TITLE TD  
NAME WEYMAN, ITZARIS  
STREET ADDRESS 7461 SW 115TH CT  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME ANDERSON, KIRK  
1.3 STREET ADDRESS 2455 Flamingo Dr #401  
1.4 CITY-ST-ZIP Miami Bch, FL 33140

☐ Change ☒ Addition

2.1 TITLE VPD  
2.2 NAME Cardoso da Silva, Regina  
2.3 STREET ADDRESS 6277 NW 1st St.  
2.4 CITY-ST-ZIP Miami Lakes, FL 33015

☐ Change ☒ Addition

3.1 TITLE S  
3.2 NAME LOPEZ, TERESA  
3.3 STREET ADDRESS 10300 SW 24th St. #C-31  
3.4 CITY-ST-ZIP Miami, FL 33165

☐ Change ☒ Addition

4.1 TITLE TD  
4.2 NAME SCAVUZZO, CHANTAL  
4.3 STREET ADDRESS 7684 ROCK PORT CIRCLE  
4.4 CITY-ST-ZIP LAKE WORTH, FL 33467

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

7/15/98 (561) 439-0996

CR2E037 (5/98)