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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001703

1. Corporation Name
AMERICAN TRANSLATORS ASSOCIATION, FLORIDA CHAPTER, INC.

* 542254 - 90329 - 22 *

Principal Place of Business	Mailing Address
1700 N. DIXIE HWY SUITE 114 BOCA RATON FL 33432	~~P.O. BOX 660632~~ ~~MIAMI FL 33266-0632~~ US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 14-1057	3. Date Incorporated or Qualified 04/04/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0482561 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 CORAL GABLES, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33114 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCAVUZZO, CHANTAL
7684 ROCK PORT CIRCLE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

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 Chantal Scavuzzo (NOTE: Registered Agent signature required when reinstating) DATE 1/27/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRESIDENT-DIR	☑ Change ☐ Addition
NAME	ANDERSON, KIRK		1.2 NAME	LUIS ZALAMEA	
STREET ADDRESS	2455 FLAMINGO DR #401		1.3 STREET ADDRESS	780 SW. 21 RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VPD	☐ DELETE	2.1 TITLE	V.P.	☑ Change ☐ Addition
NAME	CARDOSA DA SILVA, REGINA		2.2 NAME	IRENE WHIST	
STREET ADDRESS	6277 NW 171ST ST		2.3 STREET ADDRESS	8540 SW 133 Ave. Rd. Suite 301	
CITY-ST-ZIP	MIAMI LAKES FL 33015		2.4 CITY-ST-ZIP	Miami, FL 33183	
TITLE	S	☐ DELETE	3.1 TITLE	S-DIR	☑ Change ☐ Addition
NAME	LOPEZ, TERESA		3.2 NAME	TERESA LOPEZ	same
STREET ADDRESS	10300 SW 24TH ST #C31		3.3 STREET ADDRESS	10300 SW 24 ST. #C31	
CITY-ST-ZIP	MIAMI FL 33165		3.4 CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	SCAVUZZO, CHANTAL		4.2 NAME	CHANTAL SCAVUZZO	same
STREET ADDRESS	7684 ROCK PORT CIRCLE		4.3 STREET ADDRESS	7684 ROCK PORT CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467		4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Chantal Scavuzzo CHANTAL SCAVUZZO 1/27/99 (561)439-0996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #