FILED Apr 26, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEP/RTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200000813

1. Corporation Name

TRANS-GLOBAL TRANSLATIONS AND IMMIGRATION SERVIC ES, INC.

							lj.						
Principal Place of Business Mailing Address								***************************************					
175 FONTAINEBLEAU BLVD. 175 FONTAINEBLEAU BLVD.						1							
SUITE 2G8		SUITE 2G8									2010	-	
MIAMI FL 33172	!	MIAMI FL 33172				DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualifed							
							•.		: Qualifed	1			
								/1992					
2. Principa Pl	ace of Business	2a. Mailing Address				4. FEI Number				L	Apr	lied For	
21		26				65-0366456				Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					ate of Status	Desired		\$8	.75 ∧	ditional	
22		27	27			Ì	5. Ceruic	He or Status	Desired		F	ee Re	uired
City & State			City & State				6 Electio	n Campaign I			\$!	5.00	May Be
23		28						und Contribu	_		A	dded to	Fees
Zip	Cour try		Zip Country				8. This corporation owes the current year intangible						
		— ·	29 30		,		Personal Property Tax.						[⊒No [
24	g Name and Address of Curre			Ţ		-		and Address		Registered	Agent		
	g, traine and Address of Curre	TREGISTER PROGRAM		81	Name		10.						
FLIEN	ntes, esq jesus f												
	N W 8TH STREET, #111					et Ac dress	s (P.O. Box	Number is N	ot Accept	table)			Ì
APT.					<u> </u>								
	•••			83	i								
MIAN	AI FL 33126			84	City						85	Zip C	ode
					1					FL	-		
office crre	to the provisions of Sections 607.05 egistered agent, or bo h, in the State m familiar with, and accept the obliga	e of Florida. Such change wa	s authorized	י עם נ	tne cor	ed corpora rporation's	ition submi s board of o	s this statem lirectors. I he	ent for the reby acce	e purpose of ept the apro	chang ntment	ing its as reg	registered stered
SIGNATUFE													l.
SIGNATURE	Signature, typed or printed na ne of registered age	ent and title if applicable. (N	OT :: Registered	Agen	t signatur	re required wh	nen reinstating)			DATE			
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIO	ONS/CHANG	ES TO O	FFICERS A			
TITLE	PD	☐ DELETE	11 TI	11 TITLE								nange	Addition
NAME	VILLAREAL, JOSE A		1 2 N	ME		İ							
STREET ADDRESS	16065 SW 112 TERR			1.3 STREET ADDRESS		ss							
	MIAMI FL			TY-S1	•	·							
CITY-ST-ZIP	DV	☐ DELETE	2,1 Ti		-ZIP	+-					ПС	nange	Addition
TITLE	- -					-					_		
NAME	COJULUN, J R		2.2 N										
STREET ADDRESS	11781 SW 92 LANE	2.3 \$		2.3 STREET ADDRESS		SS							
CITY-ST-ZIP	MIAMI FL				CITY-ST-ZIP								
TITLE	DST	☐ DELETE	3.1 TI	ΠE		1					Пс	nange	☐ Addition
NAME	VILLARREAT, NORMA L		3.2 N	AME									
STREET ADDRESS,	16065 SW 112 TERR	3		3.3 STREET ADDRESS		ss							
CITY-ST-ZIP	MIAMI FL		3.4. C	ITY-S	T-ZIP								
TITLE	DC	☐ DELETE									□c	hange	Addition
NAME	FUENTES, JESUS F		4 2 N	AMF		1							
	AALE BELL OTH OT HAAA				ADDRES	66							
STREET ADDRE 3S	AMARK CI					33							
CITY-ST-ZIP	MIAMI FL	□ DELETE		TY-SI	I-ZIP						<u> </u>	hange	Addition
TITLE		☐ DELETE										go	Addition
NAME	l		5.2 N										
STREET ADDRESS			5.3 S	REET	ADDRES	ss							
CITY-ST-ZIP	<u> </u>		5.4 CI	TY- \$1	r-zip								
TITLE		☐ DELETE	6.1 TI	TLE							C	hange	Addition
NAME			6.2 N	AME									
STREET ADDRESS			6.3 S	TREET	TADORES	ss							

14. Hereby certify that the information supplied with this filing does not qualify fir 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 or derived that I am an officer or director of the corporation of the receiver or trustee empowered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRE 3S