

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000056543 (0)

1. Corporation Name

A-1 TRANSCRIBING, INC.

Principal Place of Business

**13210 SOUTHWEST 68TH STREET
MIAMI FL 33183**

Mailing Address

**13210 SOUTHWEST 68TH STREET
MIAMI FL 33183**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**SUAREZ, LOURDES
13210 SOUTHWEST 68TH STREET
MIAMI FL 33183**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent, if not applicable)

(Date Registered Agent's appointment expires, if any)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PVTS	☐ DELETE
NAME	SUAREZ, LOURDES	
STREET ADDRESS	13210 SOUTHWEST 68TH STREET	
CITY-STATE-ZIP	MIAMI FL 33183	
TITLE	D	☐ DELETE
NAME	SUAREZ, LOURDES	
STREET ADDRESS	13210 SOUTHWEST 68TH STREET	
CITY-STATE-ZIP	MIAMI FL 33183	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Add/In
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☒ Add/In
6. NAME	ELIZABETH PRIETO T/S
7. STREET ADDRESS	14036 SW 56 TERR
8. CITY-STATE-ZIP	MIAMI, FL 33183
9. TITLE	☐ Change ☐ Add/In
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Add/In
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Add/In
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, 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

3-29-96 305-665-2859

CR2E034 (12/95)