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FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000063817 (9)

1. Corporation Name

ADVANCED TRANSLATORS INC.



Principal Place of Business

233 80TH ST
MIAMI BEACH FL 33141
US
926 S.W. 10 Ave.
Miami, FL 33130

Mailing Address

233 80 ST #2
MIAMI BEACH FL 33141-1610
926 S.W. 10 Ave
Miami, FL 33130

2. Principal Place of Business

21 926 S.W. 10 Ave.

Suite, Apt. #, etc.

22
City & State
Miami, FL 33130

Zip Country
33130 US

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27
City & State

Zip Country
33130 US

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
08/19/1996

4. FEI Number
65-0432870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KVASNAK, ROBERT
233-80 ST #2
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name Claudia Schuster-Davidson
82 Street Address (P.O. Box Number is Not Acceptable)
83 926 S.W. 10 Ave.
84 City Miami FL 85 Zip Code 33130

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 and title if applicable.

Claudia Schuster-Davidson

4/25/97

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KVASNAK, ROBERT	
STREET ADDRESS	233-80 ST. #2	
CITY- ST- ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERNARDES, DASILVA EDMAR	
STREET ADDRESS	233 80TH ST	
CITY- ST- ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Claudia Schuster-Davidson	
1.3 STREET ADDRESS	926 S.W. 10 Ave.	
1.4 CITY- ST- ZIP	Miami, FL 33130	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Kvasnak	
2.3 STREET ADDRESS	233 80 St.	
2.4 CITY- ST- ZIP	Miami Beach, FL 33141	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hanna Rabenseifner	
3.3 STREET ADDRESS	926 S.W. 10 Ave.	
3.4 CITY- ST- ZIP	Miami, FL 33130	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Claudia Schuster-Davidson 04-25-97 (305) 854-5766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0195037

CR2E034 (9/96)