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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9400000788 (7)

INTER-LANG TRANSLATING & INTERPRETING, INC.

Principal Place of Business Mailing Address 19 W. FLAGLER ST. 19 W. FLAGLER ST. #217 DO NOT WRITE IN THIS SPACE MIAMI FL 33130 MIAMI FL 33130 US US 3. Date Incorporated or Qualified 12/27/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 19 W. Flagler ST. 19 W. Flagler ST. 65-0460292 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired # 928 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami Miami 23 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 33/30 USA 25 USA Personal Property Tax due June 30. Yes Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZEIDA POST 19 W. FLAGLER #217 Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 708** 83 **MIAMI FL 33130** R4 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable R2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE RAMIREZ MARTHA RAMIREZ, MARTHA NAME 1.2 NAME 19 W. FLAGLER ST #4928 66 W. FLAGLER ST., #708 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP 1.4 CITY - ST - ZIP Miami DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City-St-ZiP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 City - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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