

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90090 023 ***150.00

DOCUMENT # P95000090473

1. Corporation Name

FLORIDA SIMULTANEOUS INTERPRETATION, INC.

Principal Place of Business

1500 BAY ROAD STE 217
MIAMI BEACH FL 33139

Mailing Address

1500 BAY ROAD STE 217
MIAMI BEACH FL 33139

2. Principal Place of Business

21 1191 N.E. 103 STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 1191 N.E. 103 STREET

Suite, Apt. #, etc.

City & State

23 Miami SHORES, FL.

Zip

Country

24 33138-2651 25 U.S.

City & State

28 Miami SHORES, FL.

Zip

Country

29 33138-2651 30 U.S.

9. Name and Address of Current Registered Agent

CRESPO, FEDERICO

1500 BAY ROAD STE 217

MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1995

4. FEI Number

65-0627184

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1191 N.E. 103 STREET

83

84 City

Miami SHORES

FL

85 Zip Code

33138-2651

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 *Federico Crespo - Pres.*

4-10-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CRESPO, FEDERICO
STREET ADDRESS 1500 BAY ROAD STE 217
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☐ DELETE

NAME CRESPO, ESTHER
STREET ADDRESS 5560 N. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33137

TITLE STD ☐ DELETE

NAME CRESPO, ESTHER C
STREET ADDRESS 5560 NO. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1191 N.E. 103 STREET

1.4 CITY-ST-ZIP MIAMI SHORES, FL. 33138-2651

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Federico Crespo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

Date

305-759-9112

Daytime Phone #

0004935

CR2E034 (1/1/98)