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

DOCUMENT # P96000014820

SIERRA TRANSCRIBING SERVICES, INC.

Principal Place of Busin	١
7190 S.W. 148 TERRACE	
MIALE CL 20151	

Mailing Address

7190 S.W. 148 TERRACE

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90050 032 ***150.00

MIAMI FL 33151		MIAMI FL 33151			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 02/16/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0663681 Not Applicat	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29 3	0		Personal Property Tax. Xyes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
Kupi	FER, PAUL H		00	Ob	(D.O. Day Musches in Net Assessable)	
1700	UNIVERSITY DRIVE		82	Street Ad	Address (P.O. Box Number is Not Acceptable)	
COR	AL SPRINGS FL 33071		83			
			84	City	FL 85 Zip Code	
44 5		00 4 007 4500 Florido Ototodo	45 5			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by	the corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered age			nt signature requ	quired when reinstating) DATE ADDITION OF THE PROPERTY OF TH	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change C Addi	
NAME	SIERRA, ANA M		1.2 NAME	İ		
STREET ADDRESS	7190 S.W. 148TH TERRACE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		1.4 CITY-S	T-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addi	
NAME	SIERRA, FILBERTO		2.2 NAME			
STREET ADORESS	7190 S.W. 148TH TERRACE		2.3 STREE	T ADDRESS	and the following them to the contract of	
CITY-ST-ZIP	MIAMI FL 33158		2. 4 CITY-5	ST-ZIP		
TITLE	1111 2011 1 4 4 4 4 4	☐ DELETE	3.1 TITLE		☐ Change ☐ Addi	
NAME			32 NAME			
STREET ADDRESS			3.3 STREE	TANNESS		
			3 4. CITY-5			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-ZIF	☐ Change ☐ Addi	
		- Octavia	4.1 IIICE		,	
NAME						
STREET ADDRESS			4.3 STREE			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP	☐ Change ☐ Addi	
TITLE			5.1 TITLE 5.2 NAME		Change Add	
NAME						
STREET ADDRESS			5.3 STREE			
CITY-ST-ZIP			5 4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		. Change Addi	
NAME			6.2 NAME		•	
STREET ADDRESS			6.3 STREE	T ADDRESS	•	
CITY OT 710			6.4 CITY-S	T-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 or an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR FIRECTOR

2/9/9 9 Date 252-7445

Daytime Phone #

R2E034 (11/98)