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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000039175 (0) DOCUMENT #

A A A A ALL LANGUAGES TRANSLATION EXPERTS, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											01 3111 1001	
7800 RED RD		7800 RED RD	7800 RED RD									
333			333					DO NOT WRITE IN THIS SPACE				
S MIAMI FL 3: US	3143		S MIAMI FL 33 US	S MIAMI FL 33143				3. Date Incorporated or Qualified				
03	00					05/07/1996						
2. Principal Pla	ace of Busin	iess	2a. Mailing Add	2a. Mailing Address				4. FEI Number		Ap	plied For	
21			26	26				65-0666272		No	ot Applicable	
Suite, Apt. I	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.				5. Certificate of Status Desired	П	\$8.75		
22			27					5. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State)		City & State	├ ─ ¬ ´				6. Election Campaign Financing		\$5.00		
23			28					Trust Fund Contribution				
Zip		Country	Zip					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
24	0 Neme	25 and Address of Current	29 Begistered Agent	<u></u>				Personal Property Tax due June 30. LLYYes LJ No 10. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent VELEZ, LUIS							81 Name					
	XCZ, LOIS XO RED RD											
333							t Address (P.O. Box Number is Not Acceptable)					
	, Mamifl 3	3143					-					
0.,	NA SALL I C O	0110								 	Codo	
		•			84	City			FL	85 Zip (Code	
office or re	ions of Sections 607.0502 ent, or both, in the State th, and accept the obliga	of Florida. Such cha	inge was authori.	zed b;	y the corp	corpo poratio	ration submits this statement for the in a board of directors. I hereby acce	ourpose of pt the app	changing its pintment as	s registered registered		
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regist						ent signature	required	when reinstating)	DATE OF DO A NO	DIDECTOR	50 IN 10	
12,	PTD	OFFICERS AND		DELETE 1.	3. LITLE		Г	ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition	
TITLE	VELEZ.	11119	[] t		NAMÉ				./	ondingo		
NAME		rand avenue, suite	218					100 fed Rdy	岁33	×3	[8	
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STREET ADDRESS		RAND AVENUE, SUITE	218	2.3 \$7			9	100 ted Ed	/	333	,	
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STREET ADDRESS				3.3	STREF	ADDRESS						
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CITY-ST-ZIP					4 CITY-	ST-ZIP	 			Change	Addition	
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NAME					2 NAME							
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP		a information arounds 2			4 CHTY-		od in S	action 119 07/3)(i) Florida Statutas	I further ce	rtifu that the	information	

rices not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an exampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in wanters. I hereby certify that the information supplied will indicated on this annual report or supplemental officer or director of the copination or the report Block 12 or Block 13 if changed, or on an area.

158 305-662-9266