

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90006 012 ***550.00

DOCUMENT # **P96000066092**

1. Corporation Name
OUI TRANSLATE, INC.

Principal Place of Business
**1528 WESTWARD DRIVE
MIAMI SPRINGS FL 33166**

Mailing Address
**P.O. BOX 160832
MIAMI FL 33116**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1996

4. FEI Number

65-0773174

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. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HERNANDEZ, FERNANDO
2600 DOUGLAS ROAD
PENTHOUSE 10
CORAL GABLES FL 33134**

moved to ->

10. Name and Address of New Registered Agent

81 Name

Hernandez, Fernando

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

300 Sevilla Avenue - Ste.206

83

Coral Gables, FL 33134

84 City

FL

85 Zip Code
33134

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 P.A. if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Fernando Hernandez, P.A.

9-11-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **JONUSAS, CLAUDIA**
STREET ADDRESS **1560 DELGADO**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☒ DELETE
NAME **JONUSAS, EMILIA**
STREET ADDRESS **1560 DELGADO**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition
1.2 NAME **Jonusas, Claudia**
1.3 STREET ADDRESS **4424 S.W. 11 Street**
1.4 CITY-ST-ZIP **Miami, FL 33134**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Jonusas, Emilia G.**
2.3 STREET ADDRESS **1528 Westward Drive**
2.4 CITY-ST-ZIP **Miami Springs, FL 33166**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Jonusas, Clara**
3.3 STREET ADDRESS **4590 S.W. 68 Ct.Cir. # 8**
3.4 CITY-ST-ZIP **Miami, FL 33155**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Emilia G. Jonusas **9-11-99- 889-3348**

CR2E034 (5/99)