SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name P9700000552 (4)

JOSEPH FERRAN-INTERNATIONAL TRANSLATORS INTERPRE TERS AND TYPESETTERS, INC.

**FILED** Aug 19 1998 8:00am Secretary of State



					]
Principal Place of Business Mailing Address					T CORRESON AND TAILL TOURS OR BUILD BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH
431 LAYNE BL	VD.	431 LAYNE BLVD.			
HALLANDALE FL 33009 HALLANDALE FL 33009					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2 Defected Disease Physics					01/03/1997
2. Principal Place of Business 21 2005 TYLEN ST 26 POBOX 22				366	4. FEI Number Applied For Sq - 345 8 2-6 8 Not Applieable
Suite, Apt. #, etc.   Suite, Apt. #, etc.				<i>6 \psi</i>	· · · · · · · · · · · · · · · · · · ·
22 27					5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State					
23 HOLLY WOOD FL 28 HULL			(wood FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 2 Country Zip 2			Count		B. This corporation owes or has paid the current year Intangible
24 33	020 25 051	33022	30 L	SA	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
FERRAN, JOSEPH P				1 Name	
431 LAYNE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)	
HALLANDÀLE FL 33009			8		
			L		
		)	8	1	FL 85 Zip Code
11. Pursuant to the provisions of sections 607.0562 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 originations of, section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE Storeture, types or printed name of registered agent and title (f applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12. /	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	Ferran, Joseph P		1.2 NAME	:	
STREET ADDRESS	431 LAYNE BLVD.		1.3 STRE	ET ADDRESS	
CITY ST-ZIP	HALLANDALE FL 33009		1.4 CITY-	ST-ZIP	
TITLE	DELETE 2.1 TIT		2.1 TITLE		Change Addition
NAME	2.2 N		2.2 NAME	:	
STREET ADDRESS			2.3 STREE	ET ADDRESS	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3,2 NAME	:	tribute
STREET ADDRESS			3.3 STREE	ET ADDRESS	
CITY-ST-ZIP			3.4 CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME	:	
STREET ADDRÉSS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	·
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	1	·
STREET ADDRESS	-		5.3 STREE	T ADDRESS	
CITY-ST-ZIP	<u> </u>		5.4 CITY-5	ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	
CITY-ST-ZIP	- W - 1		6.4 CITY-S	ST-ZIP	

I hereby certify that the information supplied with this filling 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 at 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: