


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90012 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000009404**

1. Corporation Name  
**TAMPA INTERNATIONAL INTERPRETERS INC. - TII**



Principal Place of Business 5112 BONNEDEALE COURT TAMPA FL 33624	Mailing Address 5112 BONNEDEALE COURT TAMPA FL 33624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4135 W. Waters Ave.</b>	2a. Mailing Address 26 <b>4135 W. Waters Ave.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>TAMPA, FLA.</b>	28 City & State <b>TAMPA, FLA.</b>
24 Zip <b>33614</b>	29 Zip <b>33614</b>
25 Country	30 Country

3. Date Incorporated or Qualified  
**01/27/1997**

4. FEI Number <b>59-3422923</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOPTEZ, TATIANA**  
**5112 BONNEDEALE COURT**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name <b>LOPEZ, TATIANA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4135 W. WATERS AVE.</b>
83
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33614</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LOPEZ, TATIANA</b>	
STREET ADDRESS <b>5112 BONNEDEALE COURT</b>	
CITY-ST-ZIP <b>TAMPA FL 33624</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SPER, TAMARA</b>	
STREET ADDRESS <b>5112 BONNEDEALE COURT</b>	
CITY-ST-ZIP <b>TAMPA FL 33624</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>4135 W. Waters Ave.</b>	
1.4 CITY-ST-ZIP <b>TAMPA, FL 33614</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>4135 W. Waters Ave.</b>	
2.4 CITY-ST-ZIP <b>TAMPA, FL 33614</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tatiana Lopez / Tatiana D Lopez* 07/30/99 (813) 243-8575

CR2E034 (5/99)

601774-90012-47  
P97 000009404



**Tampa International Interpreters - T I I, Inc.**

**\*Workers' Compensation Cases \*Medical /Rehab. Evaluations \*Legal Proceedings**

**4135 W. Waters Ave. Tampa, Florida 33614**

**Phone: (813) 243-8575 Toll Free: 1-888-269-4181 FAX: (813) 290-7515**

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

July 31, 1999

Dear Sirs:

Please find enclosed the signed 1999 Profit Corporation Report. I called the Division of Corporation at: (850) 488-9000, and informed the operator that I never received the 1st. Notice via mail.

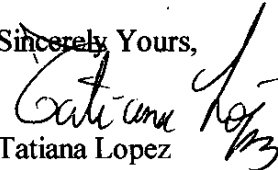
The operator advised me to write this letter stating that I never received the 1st. Notice via mail and to enclose a check for the amount of \$ 150.00.

Also, please be advised that we have moved to a new location:

TAMPA INTERNATIONAL INTERPRETERS, INC.  
4135 WEST WATERS AVE.  
TAMPA, FLORIDA 33614

Thank you in advance for your understanding and attention to this matter.

If I can be of any assistance, please do not hesitate to contact me at: (813) 243-8575.

Sincerely Yours,  
  
Tatiana Lopez  
Director