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

DOCUMENT # POTOCOLARGE (E)

FILED Apr 21 1998 8:00am Secretary of State

B.B. 1	TRANSCRIPTIONS, INC.	Mailing Add	. ,						
11001 S.W. 60TH AVE. 11001 S.W. 60TH AVE.						ļ			
MIAMI FL 3	13156	MIAM! FL 3	3156			DO NOT WRITE	E IN THIS	SPACE	
						 Date Incorporated or Qualified 06/02/1997 			*** * *
· · ·	Place of Business	<u> </u>	2a. Mailing Address			4. FEI Number 076500	۱ <i>9</i>	F	oplied For
Suite, Ap	N # oto	26				65-010500			t Applicable
22] Suite, Ap	η π , ειυ	27			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & St	ale	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	····	Country		Trust Fund Contribution		Added	
Zip	Country	Zip			•	8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Curr	29	ant	30		Personal Property Tax due June 10. Name and Address of New Re			No
	LANCO, BELKIS	Bill Hogistored Age	2111	81	Name	TO. TRAINE BILD ACCIOSS OF NEW PA	- Sistered	- Agoin	
-	1001 S.W. BOTH AVE.			-	Charact Add	dean (D.O. Day M. sahay in Net Assaults	bles		
	MAMI FL 33156				82 Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City			85 Zip (Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida State.					FL T				
SIGNATURE 12. TITLE	Signature, typoid or protest name of registered	AND DIRECTORS	DELETE	E Registered Age	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	D DIRECTOR	RS IN 12
NAME	BLANCO, BELKIS	_ otto		1.2 NAME				C) Olivingo	
STREET ADDRESS	11001 S.W. 60TH AVE.		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156	I FL 33156		1 4 CITY - ST - ZIP					
TITLE		DELETE		21 TITLE		:		Change	Addition
NAME				22 NAME					
STREET ADDRESS	5			2 3 STREET					
CITY - ST - ZIP			DELETE	2.4 CITY+5	SI-ZIP			Change	Addition
NAME		-		3.2 NAME				-	
STREET ADDRESS	s 			3.3 STREE1	ADDRESS				
CITY-ST-ZIP			7	3.4. CITY-5	ST-ZIP				
TITLE		L.	DELETE	4.1 TITLE				Change	☐ Addition
NAME	.			4. 2 NAME					
STREET ADDRESS CITY - ST - ZIP	`			4.3 STREET	ľ				
TITLE	 	E	DELETE	5.1 TITLE	11 - £4F			Change	Addition
NAME				5.2 NAME					
STREET ADDRESS	s			5.3 STREET	ADDRESS				
CITY - ST - ZIP			7	5.4 CITY - S	T- 21P		···		
THILE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS	S			6.3 STREET					
CITY - ST - ZIP	1			64 CITY - S	1-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 supplimental 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 ou an attachment with an address.

SIGNATURE: