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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000048695

B.B. TRANSCRIPTIONS, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90062 025 ***150.00



Principal Place of Business Mailing Address						# INCHINE ILLE LEVIN LEGAL SOUR BOUR COURT OF STATE STATE COURS AND STATE COURS OF STATE COURS O
11001 S.W. 601	TH AVE.	11001 S.W. 60TH AVE.	01 S.W. 60TH AVE.			
MIAMI FL 33156 MIAMI FL 33156						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/02/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21	~ <u> </u>	26	6			65-0765009 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	e	├ ¬ ´	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country		Zip	¬ ' —			8. This corporation owes the current year Intangible Personal Property Tax
24 25			29 30			Personal Property Tax. LJ Yes LINo 10. Name and Address of New Registered Agent
	9. Name and Address of Current	. Registered Agent	 -	81	Name	10. Maille and Address of New Registers Agent
BLANCO, BELKIS						
11001 S.W. 60TH AVE.				82	Street Add	dress (P.O. Box Number is Not Acceptable)
	MI FL 33156			83		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statute	s, the a	bove	-named corp	poration 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.						
	im ramiliar with, and accept the doligati	lons of, Section Gov. 0300, Fion	iua otai	.u.163.	•	4/12/99
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered	Agen	t signature requir	red when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PV	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	BLANCO, BELKIS		1.2 N	AME		
STREET ADDRESS	11001 S.W. 60TH AVE.		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		1.4 C	TY-ST	r-ZIP	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition ☐
NAME			2.2 N	AME		
STREET ADDRESS	RESS		2.3 S	2.3 STREET ADDRESS		
CITY-ST-ZIP					T-ZIP	
TITLE	DELETE		3.1 T	3.1 TITLE		Change Addition
NAME			3.2 N	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
СЛY-ST-ZIP			3.4. (CITY-S	T-ZIP	
TITLE	D		4.1 T	4.1 TITLE		☐ Change ☐ Addition
NAME	ME .		4.21	4. 2 NAME .		
STREET ADDRESS	STREET ADDRESS		4.3 S	4.3 STREET ADDRESS		<u>,</u>
CITY-ST-ZIP .			_	ITY-ST	T- ZIP	
TITLE		☐ DELETE	5.1 7			☐ Change ☐ Addition
NAME	J		5.2 N			}
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	,			ITY-ST	T-ZIP	
TITLE .		☐ DELETE	6.1 T			. Change Addition
NAME				AME		
STREET ADDRESS					ADDRESS	
	L 4		0.40	mv ca	- *** I	ŀ

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, with all other like empowered.

SIGNATURE: