

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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90012 027 ***150.00

DOCUMENT #

P97000056821

1. Corporation Name

TRANSWORDS-NET, INC.

Principal Place of Business

Mailing Address

7325 S.W. 112 Place Circle
Miami, Florida 33173

← SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 7325 S.W. 112 Place Circle
Suite, Apt. #, etc.

26 7325 S.W. 112 Place Circle
Suite, Apt. #, etc.

22

27

23 City & State
Miami, Florida
Zip Country
33173 U.S.A.

28 City & State
Miami, Florida
Zip Country
33173 U.S.A.

24 33173

29 33173

3. Date Incorporated or Qualified

July 1997

4. FEI Number

65-0763059

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 Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Maria-Jose Salinas

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

7325 S.W. 112 Place Circle

83 Miami, Florida

84 City

FL

85 Zip Code
33173

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 Maria-Jose Salinas MARIA-JOSE SALINAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

May 14th 99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	Director, Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAXIMO H. SALINAS-ZEPEDA	
1.3 STREET ADDRESS	7325 S.W. 112 PLACE Circle	
1.4 CITY-ST-ZIP	Miami, Florida 33173	
2.1 TITLE	Director, President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIA-JOSE SALINAS	
2.3 STREET ADDRESS	7325 S.W. 112 PLACE Circle	
2.4 CITY-ST-ZIP	Miami, Florida 33173	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LIANA-DE MORALES	
3.3 STREET ADDRESS	7325 S.W. 112 PLACE Circle	
3.4 CITY-ST-ZIP	Miami, FL 33173	
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, with all other like empowered.

SIGNATURE:

Maria-Jose Salinas MARIA-JOSE SALINAS (305) 274-6663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 14th 99

Daytime Phone #

CR2E034 (11/98)