

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

FILED

Jun 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000101125**  
1. Corporation Name  
**PATHIK & MARTINEZ TRANSLATION, INC.**

Principal Place of Business  
**2718 W. Atlantic Blvd  
Pompano Beach, FL  
Zip: 23068**

Mailing Address  
**2718 W. Atlantic Blvd  
Pompano Beach, FL  
same 23068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **601 NE 39th Street**  
Suite, Apt. #, etc.  
22 **Suite 314**  
City & State  
23 **Miami, FL**  
Zip  
24 **33137** Country  
25 **USA**

2a. Mailing Address  
26 **601 NE 39th Street**  
Suite, Apt. #, etc.  
27 **Suite 314**  
City & State  
28 **Miami, FL**  
Zip  
29 **33137** Country  
30 **USA**

3. Date Incorporated or Qualified  
**12/01/97**

4. FEI Number  
**65-0842918**

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

81 Name  
**JULIANA AQUILINO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3961 N. Federal Hwy**

83

84 City  
**Pompano Beach FL**

85 Zip Code  
**33064**

10. Name and Address of New Registered Agent

81 Name  
**JULIANA AQUILINO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3961 N. Federal Hwy**

83

84 City  
**Pompano Beach FL**

85 Zip Code  
**33064**

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 **Juliana Aquilino** **6/14/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>Pres</b>	<input type="checkbox"/> DELETE
NAME	<b>Envelto Pathik</b>	
STREET ADDRESS	<b>2718 W. Atlantic Blvd</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 23068</b>	
TITLE	<b>Vice-Pres</b>	<input type="checkbox"/> DELETE
NAME	<b>Olga Cecilia Martinez</b>	
STREET ADDRESS	<b>2718 W. Atlantic Blvd</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 33068</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	<b>Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Envelto Pathik</b>	
1.3 STREET ADDRESS	<b>601 NE 39th Street</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33137</b>	
2.1 TITLE	<b>Olga Cecilia Martinez</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>1205-J Pinyon Drive</b>	
2.3 STREET ADDRESS	<b>Manchester - MO 63021</b>	
2.4 CITY-ST-ZIP		
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	<b>20000257045</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>06/24/98-01005-027</b>	
6.3 STREET ADDRESS	<b>***150.00</b>	
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.

CR2E034 (10/97)

**PATNIK & MARTINEZ TRANSLATION, INC.**

601 NE 39TH STREET  
SUITE 314  
MIAMI, FL 33137  
USA

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Phone (954) 462-8981

June 16, 1998

DEPARTMENT OF STATE  
ANNUAL REPORTS FILINGS  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

Account ID: P97000101125

Dear Sir or Madam:

We recently incorporated in your state and were unaware that we had to file an Annual Report. Because we incorporated in the first week of December we thought that we would be covered for 1998 too. Another reason for our lapse was that we did not receive the pre-printed annual reports. Please excuse our ignorance and exempt us from this late fee. We have enclosed a check for \$150.00 on the Annual Report fee, and fervently hope that you will not levy upon us a late fee.

Sincerely,

  
ERIVELTO PATHIK

JAF