

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
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90014 035 ***150.00

DOCUMENT # P97000106060

1. Corporation Name

INTERNATIONAL GUILD OF VERBATIM REPORTERS, INC.

Principal Place of Business

3762 NE 209TH TERRACE
AVENTURA FL 33180

Mailing Address

SUITE 3400-ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131-1897

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

65-0834325

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
SUITE 3400-ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131-1897

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CZERENDA, RANDALL A
STREET ADDRESS 3762 NE 209TH TERRACE
CITY-ST-ZIP AVENTURA FL 33180

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WENCLAWSKI, JOHN
STREET ADDRESS 1500 BISCHOP COURT
CITY-ST-ZIP MT. PROSPECT IL 60056

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME GARAPATI, PRASAD V.S.S.
STREET ADDRESS DAMAYANDU CHAMERS 1ST FLOOR RITZ HOTEL RD
CITY-ST-ZIP ADARSH NAGAR HYDERABAD INDIA 500-063

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME CZERENDA, A. JUDITH
STREET ADDRESS 3762 NE 209TH TERRACE
CITY-ST-ZIP AVENTURA FL 33180

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MEDICI, WAGNER
STREET ADDRESS AVENIDA PAULISTA 1471 SALAS 1 412/1 415
CITY-ST-ZIP ANDAR14 SAOPAULO SPCEPBRASIL 01311-927

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BESS, THOMAS
STREET ADDRESS 99 BATTERY PLACE APT 18E
CITY-ST-ZIP NEW YORK NY 10280

6.1 TITLE ☐ Change ☐ 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:

[Signature] REQUIRED

8 MARCH 99

305-937-6206

Date

Daytime Phone #

CR2E034 (11/98)

018769