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 Feb 27, 1999 8:00 am Secretary of State 02-27-1999 90100 040 ***150.00

DOCUMENT #	P98000003817
DOCOMENT #	F3000000001

1. Corporation Name

DICTING MADE EASY INC

Principal Place 1715 RED ROAL CORAL GABLES	D	Mailing Address 1715 RED ROAD CORAL GABLES FL 33155								
CONAL GABLES	3 FL 33133	CONAL GABLES FE 33133					1	DO NOT WRITE IN THIS	SPACE	
								Date Incorporated or Qualifed 01/13/1998		
2. Principal P	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	\dashv		FEI Number	A	pplied For
	SW 57 AUE	26 1890 SW 5	7 1	W	<u>-</u>		į	65-0805874	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					-		5.	Certificate of Status Desired	\$8.75	Additional
22 5VI	TE 103	27 SUITE 1	103	<u> </u>			<u>.</u>	Certificate of Status Desired	Fee R	equired
City & Stat	e	City & State	٠,;				6.	Election Campaign Financing		May Be
	MI, FC	28 MIAMI, F	<u></u>				_ !	Trust Fund Contribution	Added	to Fees
Zip 33/5	2012 //////			intry	41 Dr	12		This corporation owes the current year Int Personal Property Tax.	Yes	Μ̈́νο
	9. Name and Address of Current	Registered Agent		Ţ,		1	10.	Name and Address of New Registered	Agent	
CAB	ALLEDO LOUDDES			81	Name					
	ALLERO, LOURDES 5 RED ROAD			82	Street Ad	dress	(P.	O. Box Number is Not Acceptable)		
							<u>`</u>			
COH	IAL GABLES FL 33155			83			-			
				84	City		- 1		85 Zip	Code
					•			FL		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	thonze	d by 1	the corpora	orpora ation's	tion bo	submits this statement for the purpose of ard of directors. I hereby accept the appoi	changing it ntment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	d Agent	signature requ	Jired wh	en re	einstating) DATE		
12.	OFFICERS AND		13.				Ą	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	
TITLE	D	☐ DELETE	1.1 TI	1.1 TITLE			1		Change	☐ Addition
NAME	CABALLERO, LOURDES		1.2 NAME							ļ
STREET ADDRESS	1715 RED ROAD		1.3 STRE		ADDRESS		1	ı		ĺ
CITY-ST-ZIP	CORAL GABLES FL 33155		1.4 C	ΠY-ST	-ZIP					
TITLE	,	☐ DELETE	2.1 T	ITLE			1	•	Change	☐ Addition
NAME			2.2 N	AME			1			Í
STREET ADDRESS			2.3 S	TREET	ADDRESS		ļ			ì
CITY-ST-ZIP			2.40	CITY-S1	r-ZIP					T Addition
TITLE		☐ DELETE	3.1 ₹1	ITLE					☐ Change	☐ Addition
NAME			3.2 N	AME						ļ
STREET ADDRESS			3.3 S	TREET	ADDRESS					
CITY-ST-ZIP				CITY-ST	r-ZIP				F7.0b	Addition
TITLE		☐ DELETE	4.1 TI						Change	☐ Addition
NAME			4.2 N	IAME						
STREET ADDRESS			4.3 S	TREET	ADDRESS		,			1
C/TY-ST-Z/P			4.4 CITY-5		-ZIP		1	1	Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				1	ı	☐ Change	☐ Addition
NAME					ADDRESS		1			ļ
STREET ADDRESS			5.3 STREE				ļ			{
CITY-ST-ZIP		□ SELETE	5.4 C	TY-ST	-417		i	l	Change	Addition
TITLE		☐ DELETE	6.2 N						C Change	
NAME					ADDRESS					
STREET ADDRESS							į			ļ
CITY-ST-ZIP			6.4 C	ITY-ST	-211-		;	·		

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: <