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
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90028 028 ***150.00

DOCUMENT # P98000087273 JOK

1. Corporation Name

TRANSLATIONS-R-US, INC.

Principal Place of Business	Mailing Address
C/O W. MORGAN SPEER 205 WORTH AVE. STE. 201 PALM BEACH, FL 33480	C/O W. MORGAN SPEER 205 WORTH AVE. STE. 201 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1998

2. Principal Place of Business	2a. Mailing Address
21 C/O W. MORGAN SPEER	26 C/O W. MORGAN SPEER
Suite, Apt. #, etc. 22 450 ROYAL PALM WAY, STE 401	Suite, Apt. #, etc. 27 450 ROYAL PALM WAY, STE 401
City & State 23 PALM BEACH, FL	City & State 28 PALM BEACH, FL
Zip / Country 24 33480 25 USA	Zip / Country 29 33480 30 USA

4. FEI Number: 52-2126568 ☐ Applied For ☐ Not Applicable

5. Certifcate 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
SPEER, W. MORGAN ESQ. 205 WORTH AVE. STE 201 PALM BEACH, FL 33480	81 Name: SPEER, W. MORGAN 82 Street Address (P.O. Box Number is Not Acceptable): 450 ROYAL PALM WAY 83: SUITE 401 84 City: PALM BEACH FL 85 Zip Code: 33480

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT BRIGETTE I. PASCUCCI 8842 SW 3RD STREET, APT. 102 PEMBROKE PINES, FL 33025 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY NICHOLAS J. PASCUCCI 8842 SW 3RD STREET, APT. 102 PEMBROKE PINES, FL 33025 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: Brigette I. Pascucci — April 23, 1999 — (954)435-1693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #