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FILED

May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S63263** (5)  
1. Corporation Name  
**TRANSCULTURAL CORPORATION**



Principal Place of Business

Mailing Address

~~1385 WEST STATE ROAD 434~~  
~~SUITE 207~~  
~~LONGWOOD FL 32750~~

~~1385 WEST STATE ROAD 434~~  
~~SUITE 207~~  
~~LONGWOOD FL 32750~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **120 INTERNATIONAL PARKWAY**

26 **533 REMINGTON OAK DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 220**

27

23 **HEATHROW, FLORIDA**

28 **LAKE MARY, FLORIDA**

Zip Country

Zip Country

24 **32746-5049** 25 **USA**

29 **32746-5703** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUAMAN, SUSANA L.**  
~~1385 WEST STATE ROAD 434~~  
~~SUITE 207~~  
~~LONGWOOD FL 32750~~

81 Name

**(SAME)**

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

83 **533 REMINGTON OAK DRIVE**

84 City **LAKE MARY**

**FL**

85 Zip Code **32746-5703**

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

**SUSANA L. HUAMAN, PRESIDENT**

**4/22/98**

Signature of person authorized to change registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D~~ ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **HUAMAN, SUSANA L.**

1.2 NAME

STREET ADDRESS ~~1385 W. STATE ROAD 434~~

1.3 STREET ADDRESS

CITY-ST-ZIP ~~LONGWOOD FL~~

1.4 CITY-ST-ZIP

**AS ABOVE**

TITLE **V** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **DRAGOSAVAC, IRVING**

2.2 NAME

STREET ADDRESS ~~1385 W. STATE ROAD 434~~

2.3 STREET ADDRESS

CITY-ST-ZIP ~~LONGWOOD FL~~

2.4 CITY-ST-ZIP

**533 REMINGTON OAK DRIVE  
LAKE MARY, FL 32746-5703**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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)