FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:30

DOCUMENT # **443427** **(0)**

1. Corporation Name

PROFESSIONAL TRANSLATING SERVICES, INC.

Principal Place of Business	Mailing Address
44 W. FLAGLER STREET SUITE 540 MIAMI FL 33130-1891	44 W. FLAGLER STREET SUITE 540 MIAMI FL 33130-1891

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1974
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 59-1567380 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

VELEZ, ARNALDO, ESQ.
1451 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 of new registered agent, if being changed) DATE (Registered Agent signature required on reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DE LA VEGA, VICENTE	12 NAME	
STREET ADDRESS	2150 S.W. 123 CT.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DE LA VEGA, LUIS	22 NAME	
STREET ADDRESS	1544 PLASENTIA	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DE LA VEGA, ALEIDA	32 NAME	
STREET ADDRESS	2150 S.W. 123 COURT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DE LA VEGA, MARIA C	42 NAME	
STREET ADDRESS	1544 PLASENTIA	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/16/95

0120030 CP