

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 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 # 443427 (0)
1. Corporation Name
PROFESSIONAL TRANSLATING SERVICES, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1567380	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
VELEZ, ARNALDO, ESQ.
255 UNIVERSITY DR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name JUAN P. LOUMIET
82 Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE
83
84 City MIAMI FL 85 Zip Code 33131

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 Juan P. Loumiet 4/24/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD	1.1 TITLE	C.E.O/D/C/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA VEGA, LUIS	1.2 NAME	DE LA VEGA, LUIS A.
STREET ADDRESS	1624 GRANADA BLVD	1.3 STREET ADDRESS	44 WEST FLAGLER ST., STE. 540
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI, FL 33130
TITLE	P	2.1 TITLE	PRESIDENT /D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA VEGA, MARIA C	2.2 NAME	DE LA VEGA, MARIA CRISTINA
STREET ADDRESS	1624 GRANADA BLVD	2.3 STREET ADDRESS	44 WEST FLAGLER ST., STE. 540
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	MIAMI, FL 33130
TITLE		3.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DIAZ, SILVIA
STREET ADDRESS		3.3 STREET ADDRESS	44 WEST FLAGLER ST., SUITE 540
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33130
TITLE		4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RUANO, MARTA
STREET ADDRESS		4.3 STREET ADDRESS	44 WEST FLAGLER ST., SUITE 540
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33130
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: [Signature] APR 22/98 305 3977887

CR2E034 (10/97)