

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

95 JUN 20 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000003114 (5)

1. Corporation Name

PACIFIC LANGUAGE ASSOCIATES, INC.

Principal Place of Business

5150 SW GRIFFITH DR., #219
BEAVERTON OR 97005

Mailing Address

5150 SW GRIFFITH DR., #219
BEAVERTON OR 97005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

2. Principal Place of Business

21 506 SW 6th Avenue

2a. Mailing Address

26 506 SW 6th Avenue

4. FEI Number

93-0616900

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 250

Suite, Apt. #, etc.

27 Suite 250

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Portland, Oregon

City & State

28 Portland, Oregon

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 97204

Country

25 USA

Zip

29 97204

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PLOENER, FRANCIS DR
16400 NW 32ND AVE.
ST THOMAS UNIVERSITY
MIAMI FL 33054

10. Name and Address of Now Registered Agent

81 Name

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

83

84 City

FL

85 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.

Francis Ploener, Dr.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PDC
SLOAT, CLARENCE DR
6525 SW FIRLOCK, #8
PORTLAND OR 97223

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
STIPEK, BARBARA S
5017 SW ORCHARD LANE
PORTLAND OR 97219

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PDC

Sloat, Clarence DR.
506 SW 6th Avenue, Suite 250
Portland, Oregon - 97204

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

BS 7/12

14. I do 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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Stipek

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

6/14/95

Date

(503) 220-2506

Telephone Number