

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # F94000003114 (5)

1. Corporation Name
PACIFIC LANGUAGE ASSOCIATES, INC.



Principal Place of Business
**506 SW 6TH AVE
 SUITE 250
 PORTLAND OR 97204
 US**

Mailing Address
**506 SW 6TH AVE
 SUITE 250
 PORTLAND OR 97204-1523
 US**

2. Principal Place of Business
 21 **8335 SW 22nd Ave.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Portland OR**
 Zip
 24 **97219** Country
 25 **USA**

2a. Mailing Address
 26 **8335 SW 22nd Ave.**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Portland OR**
 Zip
 29 **97219** Country
 30 **USA**

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
02/22/1996

4. FEI Number
93-0616900

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

10. Name and Address of New 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.

SIGNATURE: *Francis K. Ploener* DATE: **4/17/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	SLOAT, CLARENCE DR	
STREET ADDRESS	506 SW 6TH AVE STE 250	
CITY - ST - ZIP	PORTLAND OR 97204	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STIPEK, BARBARA S	
STREET ADDRESS	5017 SW ORCHARD LANE	
CITY - ST - ZIP	PORTLAND OR 97219	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stipek, Barbara S.	
1.3 STREET ADDRESS	5017 SW Orchard Lane	
1.4 CITY - ST - ZIP	Portland OR 97219	
2.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stipek, Joseph A.	
2.3 STREET ADDRESS	same	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002149289	
6.3 STREET ADDRESS	-04/21/97--01115--015	
6.4 CITY - ST - ZIP	***173.75	

14. I do 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: *Barbara S. Stipek* DATE: **4/16/97** DAYTIME PHONE: **503-244-1994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)