

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

FILED

Feb 19 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # K35068 (1)**  
 1. Corporation Name  
**SEVEN LANGUAGES TRANSLATING SERVICES, INC.**



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| Principal Place of Business<br><del>155 S. MIAMI AVENUE</del> <b>28 W FLAGLER ST.</b><br><del>MIAMI FL 33130</del> <b>SUITE 806</b><br>28 W. Flagler St. • Suite 806 • Miami, FL 33130 | Mailing Address<br><del>155 S. MIAMI AVENUE</del> <b>28 W. FLAGLER ST.</b><br><del>MIAMI FL 33130</del> <b>SUITE 806</b> |
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| 3. Date Incorporated or Qualified<br><b>09/29/1988</b>  | 3a. Date of Last Report<br><b>03/18/1996</b>           |
| 4. FEI Number<br><b>65-0085549</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

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| 21. Principal Place of Business<br><b>28-W. FLAGLER ST</b> | 2a. Mailing Address<br><b>28-W. FLAGLER ST</b> |
| 22. Suite, Apt. #, etc.<br><b>SUITE 806</b>                | 27. Suite, Apt. #, etc.<br><b>SUITE 806</b>    |
| 23. City & State   | 28. City & State                               |
| 24. Zip  | 29. Zip  |
| 25. Country  | 30. Country                                    |

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|--|--|
| 9. Name and Address of Current Registered Agent<br><b>LANGSTADT, OLIVER, ESQ.</b><br><del>155 S. MIAMI AVENUE</del> <b>28-W. FLAGLER ST.</b><br><b>MIAMI FL 33130</b> <b>SUITE 806</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>28-W. FLAGLER ST</b><br><b>SUITE 806</b><br>83<br>84 City <b>FL</b> 85 Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE<br><b>D</b><br><b>SANCHEZ, MARLA</b><br><b>155 S. MIAMI AVENUE</b> <b>28 W. FLAGLER ST.</b><br><b>MIAMI FL 33130</b> <b>SUITE 806</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE<br><b>D</b><br><b>GICHON, ELISE</b><br><b>3533 EMERALD OAKS DR</b><br><b>HOLLYWOOD FL</b> <b>33021</b>                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Elise Gichon* **ELISE GICHON** 2-12-97 305-374-6761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)