TILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 APPROVED AND PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Moftham 97 AUG -4 PM 12: 00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # COMMUNICATIONS, INC TRANSLATION SERVICES Mailing Address

390 CHURCHILL RY P.O. BOX 6864

W.P.B. Fl. 33405/ WEST PALT BEACH 3. Date Incorporated or Qualified (8/06/1989) 3a. Date of Last Report (9/12/9/19 F1. 33405 28. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes No Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SAME HERNANDEZ, JORGE SALVADOR 390 CHURCHILL RD Street Address (P.O. Box Number is Not Acceptable) The statement for 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE TITLE HERNANDEZ, JORGE S.

P.O. BOX 4864

W.P.B. Fl. 33405 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - Z/P CITY-ST-ZIP 2.1 TITLE TITLE 2.2 NAME 900002260064--7 NAME -08/06/97--011/18--002 2.3 STREET ADDRESS STREET ADDRESS ####165_00 ####165_00 Change Addition 2 4 CITY-ST-7/P City - ST- ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition DELFTE 4.1 TITLE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - S1 - ZIP CITY - \$1 - ZIP ___ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Change __ Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 C/TY - S1 - ZIP

SIGNATURE: __-

CITY-ST-ZIP

14. If 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 trusted 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