FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P92000000813 (5)

1. Corporation Name
TRANS-GLOBAL TRANSLATIONS AND IMMIGRATION SERVICES, INC.

Principal Place of Business
175 FONTAINEBLEAU BLVD.
SUITE 2G8
MIAMI FL 33172

Mailing Address
175 FONTAINEBLEAU BLVD.
SUITE 2G8
MIAMI FL 33172

3. Date Incorporated or Qualified: 10/26/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0366456 — [ ] Applied For [ ] Not Applicable
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 [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
VILLARREAL, JOSE A
870 NW 87TH AVE
APT. 506
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 16065 S.W. 112 Terrace
83
84 City Miami FL 85 Zip Code 33196

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 ________

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	VILLAREAL, JOSE A	
STREET ADDRESS	8850 FONTAINEBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	[ ] DELETE
NAME	COJULUN, J R	
STREET ADDRESS	10900 SW 104TH ST #321	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	[ ] DELETE
NAME	VILLARREAT, NORMA L	
STREET ADDRESS	870 NW 87TH AVE #506	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	[ ] DELETE
NAME	FUENTES, JESUS F	
STREET ADDRESS	8615 NW 8TH ST #111	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	PD VILLARREAL, Jose A. 16065 S.W. 112 Terrace Miami, Fl. 33196	[XX] Change [ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		[ ] Change [ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	DST VILLARREAL, Norma L. 16065 S.W. 112 Terrace Miami, Fl. 33196	[XX] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

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(1)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: ________ 2/25/96 (305) 552-9753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jose A. Villarreal