

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



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

1996

DOCUMENT # P94000024692 (3)

1. Corporation Name

TRANSCRIPTION EXPRESS, INC.

Principal Place of Business

7491 S.W. 57TH TERRACE
MIAMI FL 33143

Mailing Address

7491 S.W. 57TH TERRACE
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/31/1994	3a. Date of Last Report
4. FEI Number 105-0480297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

2. Principal Place of Business	2a. Mailing Address
21 7491 SW 57th	26 7491 SW 57th rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami Florida	28 Miami, Florida
24 33143	25 USA
29 33143	30 USA

9. Name and Address of Current Registered Agent

BOND, PAMELA A
7491 S.W. 57TH TERRACE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE: *Pamela Ann Bond* DATE: 4-25-96

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BELLON, JENNIFER S
STREET ADDRESS	7491 S.W. 57TH TERRACE
CITY-ST-ZIP	MIAMI FL 33143
TITLE	VTD
NAME	BOND, PAMELA A
STREET ADDRESS	7491 S.W. 57TH TERRACE
CITY-ST-ZIP	MIAMI FL 33143
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	500001807945
53 STREET ADDRESS	-05/06/96--01010--021
54 CITY-ST-ZIP	***200.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela Ann Bond* DATE: 4-25-96 DAYTIME PHONE: 305-661-7326