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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
AND
FILED

95 MAY -1 PM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082653 (4)**

1. Corporation Name
**RAPID TRANSCRIPT, INC.**

Principal Place of Business
8519 SW 122ND ST
MIAMI FL 33156

Mailing Address
8519 SW 122ND ST
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21 10320 SW. 110 ST.
Suite, Apt. #, etc. 22
City & State 23 MIAMI FLA.
Zip 24 33176 Country 25 USA

2a. Mailing Address
26 10320 S.W. 110 ST.
Suite, Apt. #, etc. 27
City & State 28 MIAMI FLA.
Zip 29 33176 Country 30 USA

4. FEI Number 65-0574565 — Applied For [ ] Not Applicable [ ]

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. The corporation has subsidiaries and is qualified to do business under Section 607.1502 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
GALLEGOS, MARK S
1 SE 3RD AVE, 14TH FL
AMERIFIRST BLDG.
MIAMI FL 33131

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 607.0505 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
(If the Registered Agent is a Corporation, this must be signature of an officer or director of the Registered Agent) (If the Registered Agent is an individual, this must be signature of the Registered Agent) Date

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MOYE, DANA J |
| STREET ADDRESS | 8519 SW 122 ST |
| CITY, ST, ZIP | MIAMI FL 33156 |
| TITLE | D |
| NAME | MORRISON, PATRICIA A |
| STREET ADDRESS | 14446 SW 95TH TER |
| CITY, ST, ZIP | MIAMI FL 33186 |

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

[X] Change [ ] Addition
TITLE
NAME
STREET ADDRESS 10320 S.W. 110 ST.
CITY, ST, ZIP MIAMI FLA 33176

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is substantially identical and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached exhibit, or is indicated with an addition.

**SIGNATURE:** Dana J. Moye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

305-358-2800
Daytime Phone

0169931 CP