
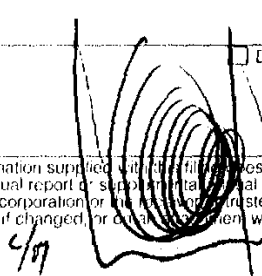


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000024067 (7)</b> 1. Corporation Name <b>U.S.A. LANGUAGE SERVICES, INC.</b>					
Principal Place of Business <b>7855 NW 12 ST., #111 MIAMI FL 33126</b>		Mailing Address <b>7855 NW 12 ST., #111 MIAMI FL 33126-1818</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/10/1995</b> 3a. Date of Last Report <b>10/11/1996</b> 4. FEI Number <b>65-0571980</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ROMERO, LEONEL 7855 NW 12 ST., #111 MIAMI FL 33126</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 12.1 TITLE <b>D</b> <input type="checkbox"/> DELETE 12.2 NAME <b>MARMISH, PAUL</b> 12.3 STREET ADDRESS <b>2866 TIGERTAIL AVENUE, SUITE 102</b> 12.4 CITY-ST-ZIP <b>COCONUT GROVE FL 33133</b> 12.5 TITLE <b>P</b> <input type="checkbox"/> DELETE 12.6 NAME <b>ROMERO, LEONEL</b> 12.7 STREET ADDRESS <b>7855 NW 12 ST., #111</b> 12.8 CITY-ST-ZIP <b>MIAMI FL 33126</b> 12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP 12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP 12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP		
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 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 registered agent entrusted 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 omitted, in agreement with an address.					
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

CR2E034 (9/96)

0165964