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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 10 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093546

1. Corporation Name

ACCREDITED TRANSLATING SERVICES, INC

Principal Place of Business
6277 NW 17TH ST STREET
MIAMI FL 33015

Mailing Address
6277 NW 19TH ST STREET
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 17620 NW 63RD CT
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL
Zip 24 33015 Country 25 USA

2a. Mailing Address
26 17620 NW 63RD CT
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip 29 33015 Country 30 USA

3. Date Incorporated or Qualified
12-08-95

4. FEI Number
65-0626240

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 owes the current year Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent

JOHN P. MILLER
2499 GLADES RD #305A
BOCA RATON FL 33431

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 607.0502 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	P/P	[ ] DELETE
NAME	REGINA DA SILVA SMITH	
STREET ADDRESS	6277 NW 19TH ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D/P	[ ] DELETE
NAME	GEORGE SMITH	
STREET ADDRESS	6277 NW 19TH ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

TITLE	P/P	[ ] ADD
NAME	REGINA DA SILVA SMITH	
STREET ADDRESS	17620 NW 63RD CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D/VP	[ ] ADD
NAME	GEORGE SMITH	
STREET ADDRESS	17620 NW 63RD CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		[ ] Change [ ] ADD
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] ADD
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] ADD
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000281095 1 --- 9
-03/10/99 -01088- -003
****150.00 ****150.00

CR2E034 (1-98)

14. I 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 be considered a signature of all of the above officers or directors 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, with all other like empowered.

SIGNATURE: George Louis Smith George Louis Smith V/P, 3/8/99 (305)824-0145
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR