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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000093102

1. Corporation Name
DE LA VEGA TRANSLATING SERVICES, INC.

Principal Place of Business / Mailing Address
44 W. FLAGLER ST., SUITE 540
MIAMI, Fl 33130

3. Date Incorporated or Qualified: 11/08/96
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 44 W. FLAGLER ST	26
Suite, Apt #, etc. 22 SUITE 540	Suite, Apt. #, etc. 27
City & State 23 MIAMI, Fl	City & State 28
Zip 24 33130 — Country 25 U.S.A	Zip 29 — Country 30

4. FEI Number — [X] 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 [ ] Yes [X] No

9. Name and Address of Current Registered Agent
BRIAN FINKS
(RESIGNED)

10. Name and Address of New Registered Agent
81 Name: LUIS A. DE LA VEGA
82 Street Address (P.O. Box Number is Not Acceptable): 44 W. FLAGLER ST
83 SUITE 540
84 City: MIAMI FL 85 Zip Code: 33130

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHAIRMAN, V.P. + SECT [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	LUIS A. DE LA VEGA	1.2 NAME	
STREET ADDRESS	44 W. FLAGLER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, Fl 33130	1.4 CITY-ST-ZIP	
TITLE	PRESIDENT + TREASURER [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	M. CRISTINA DE LA VEGA	2.2 NAME	
STREET ADDRESS	44 W. FLAGLER ST, SUITE 540	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	700002167457
STREET ADDRESS		4.3 STREET ADDRESS	-05/06/97--01066--027
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***165.00
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	5/1/97
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: [signature] 4/28/97 (305) 371-7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)