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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Suzanne B. Myrman
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # S02788 (5)

1. Corporation Name
HIALEAH TRANSLATIONS INC.

Principal Place of Business Mailing Address
1935 W. 68TH ST. 1935 W. 68TH ST.
HALEAH FL 33014 HALEAH FL 33014
US US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 Zip 29 Country 30

3. Date Incorporated or Qualified 09/26/1990 3a. Date of Last Report 02/03/1994

4. FEI Number NOT APPLICABLE 650226844 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 No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ-ASTUDILLO, LAURA
7720 N.W. 102 TERR
PALM SPRINGS NORTH FL 33015

18135, NW 84TH AVE
PALM SPRINGS NORTH
FL. 33015

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 agent 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 LAURA LOPEZ-ASTUDILLO LAURA LOPEZ-ASTUDILLO MIRIAM, FL. 1/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LOPEZ-ASTUDILLO, LAURA
STREET ADDRESS 1 8135 NW 84TH AVE
CITY-ST-ZIP PALM SPRINGS N. FL

1.1 TITLE SECRETARY General Change Addition
1.2 NAME CARIDAD HECHAVARRIA (S)
1.3 STREET ADDRESS 6707 NW 28 ST
1.4 CITY-ST-ZIP MARGATE, FLORIDA. 33063

TITLE D
NAME DOLERA, MARIA DOLORES MD
STREET ADDRESS 1 8135 NW 84TH AVE
CITY-ST-ZIP PALM SPRINGS N. FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 is a true and accurate report to the best of my knowledge and belief, 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 secretary or treasurer authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am an officer or director.

SIGNATURE: LAURA LOPEZ-ASTUDILLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/95 8200609
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