

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

**APPROVED
AND
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95 FEB -2 AM 8: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****208.75 ****206.75

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		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	09/26/1990	02/03/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		NOT APPLICABLE 657226844	Not Applicable
Zip		Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	25	29	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Country		Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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				Name			
18135, NW 84TH AVE PALM SPRINGS NORTH FL 33015				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				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 DATE: 01/26/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	LOPEZ-ASTUDILLO, LAURA		1. TITLE	SECRETARY GENERAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		18135 NW 84TH AVE		12. NAME	CARIDAD HECHAVARRIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		PALM SPRINGS N. FL		13. STREET ADDRESS	6707 NW 28 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP				14. CITY- ST- ZIP	MARGATE, FLORIDA 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	DOLERA, MARIA DOLORES MD		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		18135 NW 84TH AVE		2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		PALM SPRINGS N. FL		2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP				2.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP				3.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP				4.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP				5.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP				6.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 trustee 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 DATE: 01/26/95 8200609
(305)