

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S02788** (5)  
1. Corporation Name  
**HIALEAH TRANSLATIONS INC.**



Principal Place of Business  
**1935 W. 68TH ST.  
HIALEAH FL 33014  
US**

Mailing Address  
**1935 W. 68TH ST.  
HIALEAH FL 33014  
US**

3. Date Incorporated or Qualified **09/26/1990**  
3a. Date of Last Report **02/02/1995**

2. Principal Place of Business  
21 **1935 W. 68th**  
Suite, Apt. #, etc.  
22  
City & State  
23 **HIALEAH FL.**  
Zip  
24 **33014** Country  
25 **FL**  
2a. Mailing Address  
26 **1935 W. 68th**  
Suite, Apt. #, etc.  
27 **HIALEAH FL**  
City & State  
28 **FLORIDA**  
Zip  
29 **33014** Country  
30 **FLORIDA**

4. FEI Number **65-0226844**  
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  
**LOPEZ-ASTUDILLO, LAURA  
18135 NW 84TH AVE  
PALM SPRINGS NORTH FL 33015**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and state of agent \_\_\_\_\_  
Date of Registration \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LOPEZ-ASTUDILLO, LAURA</b>	
STREET ADDRESS	<b>1 8135 NW 84TH AVE</b>	
CITY-STATE-ZIP	<b>PALM SPRINGS N. FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>DOLERA, MARIA DOLORES</b>	
STREET ADDRESS	<b>1 8135 NW 84TH AVE</b>	
CITY-STATE-ZIP	<b>PALM SPRINGS N. FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/>
NAME	<b>HECHAVARRIA, CARIDAD</b>	
STREET ADDRESS	<b>6707 NW 28 CT</b>	
CITY-STATE-ZIP	<b>MARGATE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>SAME.</b>		
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 TITLE	<b>LAURA L. Astudillo</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>VICE-PRESIDENT</b>		
23 STREET ADDRESS	<b>18135 NW 84 AVE.</b>		
24 CITY-STATE-ZIP	<b>PALM. 33015</b>	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this report 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 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**1/20/96**  
305 920 0609  
Daytime Phone #

CR2E034 (12/95)