

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** 26 **1935 W. 68th**
Suite, Apt. #, etc.
22 **Hialeah Fl** 27 **Hialeah Fl**
City & State
23 **Hialeah Fl.** 28 **FLORIDA**
City & State
24 **33014** 25 **FLORIDA** 29 **33014** 30 **FLORIDA**
Zip Country Zip Country

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 _____ Date _____
Signature typed or printed name of registered agent and state of agent _____ Date of registration of agent _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SAME.	
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	LAURA L. Astudillo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VICE-PRESIDENT	
23 STREET ADDRESS	18135 NW 84 AVE.	
24 CITY-STATE-ZIP	PALM. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **1/20/96** **305 920 0609**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)