

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S02788
 1. Corporation Name
HIALEAH TRANSLATIONS, INC.

Principal Place of Business 1935 WEST 68 STREET HIALEAH, FL. 33014	Mailing Address 1935 WEST 68 STREET HIALEAH, FL. 33014
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/26/1990	3a. Date of Last Report
		4. FEI Number 65-0226844	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOPEZ-ASTUDILLO, LAURA 1935 WEST 68 STREET HIALEAH, FL. 33014	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 of officer, principal place of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/V	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LOPEZ-ASTUDILLO, LAURA		12 NAME	
STREET ADDRESS 1935 WEST 68 STREET		13 STREET ADDRESS	
CITY-ST-ZIP HIALEAH, FL. 33014		14 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HECHAVARRIA, CARIDAD		22 NAME	
STREET ADDRESS 16909 NORTH BAY RD. APT. 619		23 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH, FL. 33160		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

Handwritten signature and date: 4/28/97

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-05/09/97--01067--033
***173.75**

14. I, the undersigned, 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, and the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Proforma if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/28/97** **1308-8200609**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)