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**Apr 14 1998 8:00am
Secretary of State**

B. mc

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 1835 W. 68TH ST. HIALEAH FL 33014 US
Mailing Address: 1835 W. 68TH ST. HIALEAH FL 33014 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 SAME**
2a. Mailing Address: **26 SAME**
3. Date Incorporated or Qualified: **09/26/1990**
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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **LOPEZ-ASTUDILLO, LAURA**
1835 W. 68TH ST. HIALEAH FL 33014
10. Name and Address of New Registered Agent: **81 Name: N/A**
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 607.0505, 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]* **03/11/98**
DATE: **03/11/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	
NAME	LOPEZ-ASTUDILLO, LAURA	1.2 NAME	SAME
STREET ADDRESS	1835 W. 68TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	1.4 CITY-ST-ZIP	P/V
TITLE	S	2.1 TITLE	LAURA LOPEZ ASTUDILLO
NAME	MECHAVARRIA, CARIDAD.	2.2 NAME	1835 W. 68 ST.
STREET ADDRESS	16909 NORTH BAY RD. APT. 619	2.3 STREET ADDRESS	HIALEAH - FL. 33014 S
CITY-ST-ZIP	MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE	N/A	3.1 TITLE	
NAME	N/A	3.2 NAME	N/A
STREET ADDRESS	N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	N/A	3.4 CITY-ST-ZIP	
TITLE	N/A	4.1 TITLE	
NAME	N/A	4.2 NAME	N/A
STREET ADDRESS	N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	N/A	4.4 CITY-ST-ZIP	
TITLE	N/A	5.1 TITLE	
NAME	N/A	5.2 NAME	N/A
STREET ADDRESS	N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	N/A	5.4 CITY-ST-ZIP	
TITLE	N/A	6.1 TITLE	
NAME	N/A	6.2 NAME	N/A.
STREET ADDRESS	N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	N/A	6.4 CITY-ST-ZIP	

14. I hereby 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 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 Block 12 or Block 13, changed, or in an attachment with an address.
SIGNATURE: *[Signature]* **3/11/98 305-8200609**

CR2E034 (10/97)