

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # F94000003114 (5)**

1. Corporation Name  
**PACIFIC LANGUAGE ASSOCIATES, INC.**



Principal Place of Business  
**506 SW 6TH AVE  
 SUITE 250  
 PORTLAND OR 97204  
 US**

Mailing Address  
**506 SW 6TH AVE  
 SUITE 250  
 PORTLAND OR 97204-1523  
 US**

3. Date Incorporated or Qualified: **06/15/1994**  
 3a. Date of Last Report: **02/22/1996**  
 4. FEI Number: **93-0616900**  
 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

2. Principal Place of Business  
 21 **8335 SW 22nd Ave.**  
 Suite, Apt. #, etc.  
 22  
 City & State: **Portland OR**  
 Zip: **97219** Country: **USA**

2a. Mailing Address  
 26 **8335 SW 22nd Ave.**  
 Suite, Apt. #, etc.  
 27  
 City & State: **Portland OR**  
 Zip: **97219** Country: **USA**

9. Name and Address of Current Registered Agent  
**PLOENER, FRANCIS DR  
 16400 NW 32ND AVE.  
 ST THOMAS UNIVERSITY  
 MIAMI FL 33054**

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**

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: *Francis K. Ploener* DATE: **4/17/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SLOAT, CLARENCE DR</b>	
STREET ADDRESS	<b>506 SW 6TH AVE STE 250</b>	
CITY - ST - ZIP	<b>PORTLAND OR 97204</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STIPEK, BARBARA S</b>	
STREET ADDRESS	<b>5017 SW ORCHARD LANE</b>	
CITY - ST - ZIP	<b>PORTLAND OR 97219</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PDC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Stipek, Barbara S.</b>	
1.3 STREET ADDRESS	<b>5017 SW Orchard Lane</b>	
1.4 CITY - ST - ZIP	<b>Portland OR 97219</b>	
2.1 TITLE	<b>VPS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Stipek, Joseph A.</b>	
2.3 STREET ADDRESS	<b>same</b>	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>900002149289</b>	
6.3 STREET ADDRESS	<b>-04/21/97--01115--015</b>	
6.4 CITY - ST - ZIP	<b>***173.75</b>	

14. I do 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 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 Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Barbara S. Stipek* DATE: **4/16/97** DAYTIME PHONE: **503-244-1994**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)