

10-7-98 B-8350C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 07 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 8335 SW 22ND AVE. PORTLAND OR 97219 US
 Mailing Address: 8335 SW 22ND AVE. PORTLAND OR 97219 US

DO NOT WRITE IN THIS SPACE
 3. Date incorporated or Qualified: 06/15/1994

2. Principal Place of Business: 21 9600 SW Capitol Hwy, 22 Suite, Apt. #, etc., 23 Portland OR, 24 97219, 25 USA
 2a. Mailing Address: 26 6312 SW Capitol Hwy, 27 Suite, Apt. #, etc., 28 #501, 29 Portland OR, 30 97201, 31 USA

4. FEI Number: 93-0616900, Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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 [X] No []

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: Susan Altman, 82 Street Address (P.O. Box Number is Not Acceptable): 16400 NW 32nd Ave, 83 St Thomas University, 84 City: Miami, FL 85 Zip Code: 33054

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: Susan M. Altman, DATE: 9/8/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	SLOAT, CLARENCE DR	
STREET ADDRESS	5017 SW ORCHARD LANE	
CITY-ST-ZIP	PORTLAND OR 97219	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STIPEK, BARBARA S	
STREET ADDRESS	5017 SW ORCHARD LANE	
CITY-ST-ZIP	PORTLAND OR 97219	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PDC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Susan M. Altman*

CR2E034 (5/98)