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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90055 049 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G81725 1. Corporation Name

LAS DIEGO SISTERS CORPORATION AND PUBLISHING DIV ISION INC.

Principal Plac	ce of Business	Mailing Address					
115 SW 127 A		115 SW 127 AVE.				•	
MIAMI FL 3318	84-1310	MIAMI FL 33184-1310					
					DO NOT WRITE IN TH	S SPACE	
	4				3. Date Incorporated or Qualifed		
			•		11/15/1983		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	[A	pplied For
21		26			59-2749093	N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certifcate of Status Desired		equired
City & Sta	te	City & State			A Flashin Committee Financia		
23	,	28			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country				to Fees
	— <i>(</i>	⊢ , '	_ '		8. This corporation owes the current year I		П.,
24	25	29	30		Personal Property Tax.	□Yes	□No
		of Current Registered Agent			10. Name and Address of New Registere	d Agent	
DIE	CO MADIA TEDECA	F - Ci, 5, 5	81	Name	1	一等 福	性數 化性异素
	GO, MARIA TERESA	医感性纤维 建乳 死使 人口口。	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		The Part of the Control of the Contr
	ON IZI AVE.		1	ou ou radio	17.5 : 3.22 : 10.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	As Operated	rates (e) (lag
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			84	City	FI	85 Zip	Code
		on 607 0602 and 607 1609. Elected Statut	<u> i</u>			f changing its	rogintorod
11 Pureuant	to the provisions of Section			named carpa			registerea
11. Pursuant office or r	to the provisions of Section registered agent, or both, in	the State of Florida. Such change was a	es, tne above uthorized by 1	i-named corpoi the corporation	n's board of directors. I hereby accept the app	ointment as re	egistered
office or a agent. I a	to the provisions of Section registered agent, or both, in am familiar with, and accept	the State of Florida. Such change was a the obligations of, Section 607.0505, Florida.	es, the above uthorized by t rida Statutes.	-named corpoi the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur	ointment as re	egistered
11. Pursuant office or r agent. I a	am tamiliar with, and accept	the obligations of, Section 607.0505, Flo.	nda Statutes.			ointment as re	egistered
agent. I a SIGNATURE	Signature, typed or printed name of n	the obligations of, Section 607.0505, Flo. egistered agent and title if applicable. (NOTE	Registered Agent		when reinstating) 1/2 1/2 1/2 DATE		· · ·
SIGNATURE	Signature, typed or printed name of n	the obligations of, Section 607.0505, Flo. egistered agent and title if applicable. (NOTE ICERS AND DIRECTORS	Registered Agent		when reinstating) */- \$190.00 DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of n OFFI	the obligations of, Section 607.0505, Flo. egistered agent and title if applicable. (NOTE	Registered Agent		when reinstating) 1/2 1/2 1/2 DATE		· · ·
SIGNATURE	Signature, typed or printed name of n OFFI PVP DIEGO, MARIA LUISA	the obligations of, Section 607.0505, Flo. egistered agent and title if applicable. (NOTE ICERS AND DIRECTORS	Registered Agent		when reinstating) */- \$190.00 DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of n OFFI PVP DIEGO, MARIA LUISA 115 SW 127 AVE.	the obligations of, Section 607.0505, Flo. egistered agent and title if applicable. (NOTE ICERS AND DIRECTORS	Registered Agent 13. 1.1 TITLE	signature required v	when reinstating) */- \$190.00 DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP