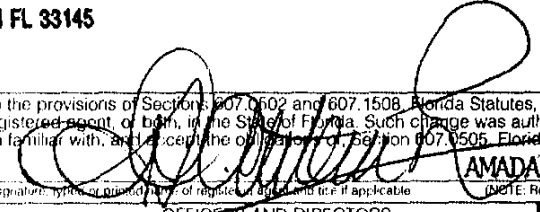
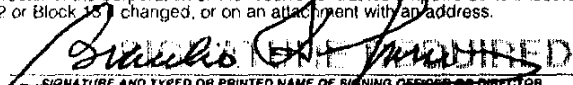


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 MAY -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K20273 (4) 1. Corporation Name AILEC PUBLISHING INCORPORATED			
Principal Place of Business 2300 CORAL WAY MIAMI FL 33145		Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511	
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 # 200 City & State 23 MIAMI FLORIDA Zip 24 33145		2a. Mailing Address 25 2300 CORAL WAY Suite, Apt. #, etc. 26 # 200 City & State 27 MIAMI FLORIDA Zip 28 33145 Country 29 US	
3. Date Incorporated or Qualified 04/01/1988		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0084779		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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY #200 MIAMI FL 33145		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 607.0602 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 I accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  AMADA CANTERA LOPEZ, PRES Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/23/97			
12. OFFICERS AND DIRECTORS TITLE PD ☐ DELETE NAME GARCIA, BRAULIO A. STREET ADDRESS 498 SW 27 RD. CITY-ST-ZIP MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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, changed, or on an attachment with an address. SIGNATURE:  BRAULIO A. GARCIA (PRESIDENT) Signature typed or printed name of signing officer or director Date 4/23/97 Daytime Phone # 0202787			

CR2E034 (9/96)