

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



DEPARTMENT OF STATE
SECRETARY OF STATE
OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # **L51486** (3)

95 MAY -1 AM 10:55

EL NUEVO PATRIA PUBLISHING COMPANY

2. Filing Date of this Report		2a. Mailing Date		3. Date of Report		3a. Date of Last Report	
21		26		02/15/1990		04/26/1994	
22		27		4. Filing Number		Applied For / Not Applicable	
23		28		65-0179765		5. Certificate of Status Expired	
24		25		29		30	
						5. Certificate of Status Expired <input type="checkbox"/> \$8.75 Additional Fee Required	
						6. Director's Language Proficiency Test Taken <input type="checkbox"/> \$5.00 May Be Added to Fee	
						8. This corporation has liability for delinquency under Section 316.04, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARMESTO, ELADIO III 250 S.W. 34TH AVE. MIAMI FL 33135				B1. Name			
				B2. Street Address (if C) This Number is Not Applicable			
				B3.			
				B4. City			
				FL B5. Zip Code			

11. I, the undersigned, being duly sworn, depose and say that I am a resident of the State of Florida and that I am the duly authorized officer of the corporation named in this statement for the purpose of changing its registered office as provided in section 316.04, Florida Statutes, and that the facts herein stated are true and correct to the best of my knowledge and belief and that I am duly qualified to execute the same.

Subscribed and sworn to before me this _____ day of _____, 1995.

12. DIRECTOR		13. ADDRESS	
NAME	DP ARMESTO, ELADIO III ROSA MARIA	NAME	DP ROSA MARIA ARMESTO
STREET ADDRESS	250 S.W. 34TH AVE.	STREET ADDRESS	250 SW 34 AVE.
CITY	MIAMI FL	CITY	MIAMI, FL
NAME	DV ARMESTO, PEDRO L.	NAME	
STREET ADDRESS	250 SW 34TH AVE	STREET ADDRESS	
CITY	MIAMI FL	CITY	
NAME	DS DELOACH, FRANCIA	NAME	
STREET ADDRESS	JOSE MARTI STATION	STREET ADDRESS	
CITY	MIAMI FL	CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation named in this statement is duly organized and qualified to do business in the State of Florida and that the facts herein stated are true and correct to the best of my knowledge and belief and that I am duly qualified to execute the same.

SIGNATURE: *Rosa M. Armesto* ROSA M. ARMESTO 1-31-95 305-530-8787