

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

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90286 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 2000		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N99000001406  
 1. Corporation Name  
Raices Cubanas Publishing, Corp

Principal Place of Business <u>731 Omdle Ave</u> <u>Miami Springs, FL 33166</u>	Mailing Address <u>731 Omdle Ave</u> <u>Miami Springs, FL 33166</u>
---	---

A0061483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <u>03/08/99</u>	4. FEI Number <u>65-0950857</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
ARTURO GARATE  
2790 SW 34 AVE  
MIAMI, FL 33133

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <u>P</u>	NAME <u>JERONIMO ALVAREZ</u>	<input type="checkbox"/> DELETE
STREET ADDRESS <u>5301 NW 37 AVE</u>	CITY-ST-ZIP <u>MIAMI, FL 33142</u>	
TITLE <u>V</u>	NAME <u>ESTRELLA RODRIGUEZ</u>	<input type="checkbox"/> DELETE
STREET ADDRESS <u>731 Omdle Ave</u>	CITY-ST-ZIP <u>MIAMI SPRINGS, FL 33166</u>	
TITLE <u>V</u>	NAME <u>Manuel Matias Senpa</u>	<input type="checkbox"/> DELETE
STREET ADDRESS <u>8025 NW 7th St #303</u>	CITY-ST-ZIP <u>MIAMI, FL 33126</u>	
TITLE <u>T</u>	NAME <u>Jorge Amador</u>	<input type="checkbox"/> DELETE
STREET ADDRESS <u>3750 SW 32 ST</u>	CITY-ST-ZIP <u>Hollywood, FL 33023</u>	
TITLE <u>S</u>	NAME <u>Arturo Garate</u>	<input type="checkbox"/> DELETE
STREET ADDRESS <u>2790 SW 34 Ave</u>	CITY-ST-ZIP <u>MIAMI, FL 33133</u>	
TITLE	NAME	<input type="checkbox"/> DELETE
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	<input 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: Estrella Rodriguez 4/26/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR