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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000003081 (2)**

1. Corporation Name
NEW WORLD HISPANIC RESEARCH INC.

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE SUITE O-305 MIAMI FL 33131	520 BRICKELL KEY DRIVE SUITE O-305 MIAMI FL 33131-2619

3. Date Incorporated or Qualified: 01/10/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 156 ALMERIA AVE.	26 156 ALMERIA AVE.
22 Suite, Apt. #, etc. SUITE 205	27 Suite, Apt. #, etc. SUITE 205
23 City & State CORAL GABLES, FL	28 City & State CORAL GABLES, FL
24 Zip 33134 25 Country USA	29 Zip 33134 30 Country USA

4. FEI Number: 65-0665874 ☐ 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	10. Name and Address of New Registered Agent
ROJAS, MARCO E 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI FL 33131	81 Name: ALIDA LECHTER 82 Street Address (P.O. Box Number is Not Acceptable): 156 ALMERIA AVE, SUITE 205 83 84 City: CORAL GABLES FL 85 Zip Code: 33134

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: Alida Lechter — 3/5/97
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D,VP,S ☒ Change ☐ Addition
NAME	LECHTER, ALIDA	1.2 NAME	LECHTER, ALIDA
STREET ADDRESS	520 BRICKELL KEY DRUIVE SUITE 0-305	1.3 STREET ADDRESS	156 ALMERIA AVE, SUITE 205
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D ☐ DELETE	2.1 TITLE	D, P ☒ Change ☐ Addition
NAME	LECHTER, ADRIAN	2.2 NAME	LECHTER, ADRIAN
STREET ADDRESS	520 BRICKELL KEY DRUIVE SUITE 0-305	2.3 STREET ADDRESS	156 ALMERIA AVE, SUITE 205
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Alida Lechter — Director/Vice President — 3/5/97 — 305-441-8533