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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90033 023 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000063869

1. Corporation Name

CITY-ST-ZIP

	RE MEDIA, INC.				
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Principal Pla	ace of Business	Mailing Address		1 ( \$3150 01 ) 10 10 110 10 110 1 0 110 1 0 0 110 1 0 0 110 1	arino otrad tribt (Dilla Dilla 1914 isbl
POST OFFICE BOX 551405 POST OFFICE BOX 551403			ı		
FORT LAUDERDALE FL 33355 FORT LAUDERDALE FL 333					•
				DO NOT WRITE IN 1	THIS SPACE
				3. Date Incorporated or Qualifed	
5 D-1	Place (O			07/26/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	A # -A	26	<del></del>	65-0688219	Not Applicable
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & Sta	ata	City & State	· 4- ·		Fee Required
23	aic	— ·		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	_ <b>_</b>	30	8. This corporation owes the current year	ar Intangible
24	9. Name and Address of Curre		[30]	Personal Property Tax.  10: Name and Address of New Registe	
	J. Hame and Address of Carts	nt registered Agent	81 Name	10: Name and Address of New Registe	red Agent
	SSMAN, JAY D				
588	31 NW 151ST #101		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIA	VMI LAKES FL 33014	•	83	The Author of American States and American Sta	entre globe vive on 16 king of the All Color
			84 City		85 Zip Code
44 Pursuan	t to the provisions of Sections 607.05	02 and 607 1509 Florida Chat. to			FL 85 Zip Code
Unice of	registered agent, or both, in the State	e of Florida. Such change was at	ithorized by the corpora	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its registered
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.		
		•			
SIGNATURE	Simpature hand or printed name of registered and	and and title if applicable. (AICTE)			
	Signature, typed or printed name of registered age		Registered Agent signature requi		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	Signature, typed or printed name of registered agr OFFICERS AI	ND DIRECTORS	Registered Agent signature requi		
<b>12.</b> TITLE NAME	OFFICERS AI  OFFICERS AI  DP  HOYO, DELIA M	ND DIRECTORS	Registered Agent signature requi		AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI  DP HOYO, DELIA M P O BOX 551405	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		AND DIRECTORS 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 13 if the agged, or on an attachment with an address, with all other like empowered. elia M. Hoyo Barroso 1/8/99 SIGNATURE:

6.4 CITY-ST-ZIP