

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 22 1997 8:00 am
Secretary of State

DOCUMENT # S68216 (8)
1. Corporation Name
EDITORIAL CARIBE, INC.



Principal Place of Business
**8300 SOUTH DADELAND BOULEVARD
SUITE 203
MIAMI FL 33245-4400
US**

Mailing Address
**PO BOX 141000
NASHVILLE TN 37214-1000**

3. Date Incorporated or Qualified
07/24/1991

3a. Date of Last Report
05/22/1996

4. FEI Number
65-0281091

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, SAM
STREET ADDRESS	508 NELSON PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	<input type="checkbox"/> DELETE
NAME	POWERS, JOE L.
STREET ADDRESS	508 NELSON PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	<input type="checkbox"/> DELETE
NAME	HEATON, STUART A.
STREET ADDRESS	508 NELSON PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	<input type="checkbox"/> DELETE
NAME	MOORE, JOSEPH S
STREET ADDRESS	508 NELSON PLACE
CITY - ST - ZIP	NASHVILLE TN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	501 NELSON PLACE	
1.4 CITY - ST - ZIP		
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	501 NELSON PLACE	
2.4 CITY - ST - ZIP		
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	501 NELSON PLACE	
3.4 CITY - ST - ZIP		
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	501 NELSON PLACE	
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 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: *Joe L. Powers* **JOE L. POWERS** (615) 889-9000 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)