

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
<input checked="" type="checkbox"/>	MOORE, SAM	506 NELSON PLACE	NASHVILLE TN	<input type="checkbox"/>
<input checked="" type="checkbox"/>	POWERS, JOE L.	506 NELSON PLACE	NASHVILLE TN	<input type="checkbox"/>
<input checked="" type="checkbox"/>	HEATON, STUART A.	506 NELSON PLACE	NASHVILLE TN	<input type="checkbox"/>
<input checked="" type="checkbox"/>	MOORE, JOSEPH S	506 NELSON PLACE	NASHVILLE TN	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
P/D		501 NELSON PLACE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D		501 NELSON PLACE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T/D		501 NELSON PLACE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D		501 NELSON PLACE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE L. POWERS

(615) 889-9000 1/15/97

Date

Daytime Phone #

0477008

CR2E034 (9/96)