

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996

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



DOCUMENT # P94000051871 (9)  
 1. Corporation Name  
**ALONSO PUBLISHING INC.**



Principal Place of Business: 641 HAMPTON LN, KEY BISCAIYNE FL 33149  
 Mailing Address: P O BOX 161, KEY BISCAIYNE FL 33149 US

3. Date Incorporated or Qualified: 07/08/1994  
 3a. Date of Last Report: 04/17/1995  
 4. FEI Number: 65-0519368  
 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

21. Principal Place of Business: 260 CRANDON Blvd., Suite 32-A, Key Biscayne, Florida, 33149  
 22. Mailing Address: 260 CRANDON Blvd., Suite 32-A, Key Biscayne, FL, 33149  
 23. City & State: Key Biscayne, Florida  
 24. Zip: 33149  
 25. Country: USA  
 26. Suite, Apt #, etc: Suite 32-A  
 27. City & State: Key Biscayne, FL  
 28. Zip: 33149  
 29. Country: USA

9. Name and Address of Current Registered Agent  
 ALONSO, ENRIQUE I  
 641 HAMPTON LN  
 KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent  
 81 Name: ALONSO, ENRIQUE I.  
 82 Street Address (P.O. Box Number is Not Acceptable): 260 CRANDON Blvd.  
 83 Suite 32-A  
 84 City: Key Biscayne FL 85 Zip Code: 33149

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: Enrique Alonso DATE: 8-7-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALONSO, ENRIQUE I	
STREET ADDRESS	641 HAMPTON LN	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SAME	
13 STREET ADDRESS	260 CRANDON Blvd., Suite 32-A	
14 CITY-ST-ZIP	Key Biscayne, FL 33149	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: [Signature] DATE: 8-7-96  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] DATE: 8-7-96 305-361-5033

CR2E034 (3/96)