

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

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 AUG 11 PM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business: 20401 NE 30 AVE #102 North Miami Beach, FL 33180
Mailing Address: 20401 NE 30 AVE #102 North Miami Beach, FL 33180

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 07/08/94
3a. Date of Last Report: 08/07/96
4. FEI Number: 65-0519368
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
**Alonso, Enrique I.
260 Crandon Blvd., Suite 32-A
Key Biscayne, FL 33149**

10. Name and Address of New Registered Agent
81 Name: **Penate, Tensy**
82 Street Address (P.O. Box Number is Not Acceptable): **20401 NE 30 AVE**
83 **#102**
84 City: **North Miami Beach** FL 85 Zip Code: **33180**

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: **Tensy Penate** (Signature typed or printed name of registered agent and title if applicable) **Tensy Penate** (NOTE: Registered Agent signature required when re-registering) **6 August 1997** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALONSO, Enrique I.	
STREET ADDRESS	260 CRANDON BLVD., SUITE 32-A	
CITY-ST-ZIP	Key Biscayne, 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		

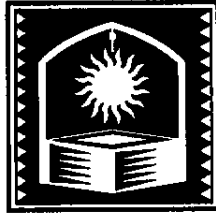
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS	20401 NE 30 AVE, #102	
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	700002266727-6	
2.4 CITY-ST-ZIP	-08/14/97-01035-012	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	****173.75 ****173.75	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 employed 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]** **6 August 1997** **510-559-9082**
Date Daytime Phone

CR2E034 (9/96)



NEW MEDICINE PRESS

pg. 2
20401 NE 30 Ave
102
North Miami Beach
Fl. 33180

641 HAMPTON LANE

KEY BISCAYNE

FLORIDA 33149 USA

TELEPHONE 305 361 5033

FAX 305 361 5160

6 August 1997

Office
Annual Report Filings
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

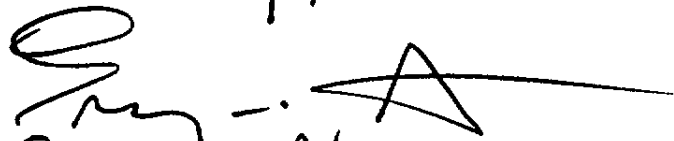
Dear sir/madam:

Herewith is the 1997 Annual Report for
Alonso Publishing, Inc. (DBA, New Medicine Press).

Please forgive any penalties that may be due
for filing late. Our company moved twice
in 1996 and 1997 causing unforeseen losses
and delays. We have not been late before.

Thank you for your understanding.

Sincerely,


ENRIQUE ALONSO
President