SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

REINSTATEMENT 1993-1996

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

ANNUAL REPORT

173470

FILED
96 OCT 21 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 173470 (6)

1. Corporation Name
THE AMERICAS PUBLISHING COMPANY
c/o Marcia B. Caballero, Esq.
2450 Southwest 137th Avenue, Suite 221
Miami, FL 33175

Principal Place of Business / Mailing Address
2900 Northwest 39th Street
Miami, FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1953
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: 2450 SW 137 Avenue
Suite, Apt. #, etc.
27: Suite 221
City & State
28: Miami, FL 33175
Zip / Country
29: 30:

4. FEI Number: 590698988 ☐ 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

10. Name and Address of New Registered Agent
31 Name: MARCIA B. CABALLERO, ESQ.
32 Street Address (P.O. Box Number is Not Acceptable): 2450 Southwest 137th Avenue
33: Suite 221
34 City: Miami FL 35 Zip Code: 33175

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: Marcia B. Caballero DATE: 10/18/96
Signature required for written notification of resignation of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	☐ Change ☐ Addition
NAME	AGUIRRE, HORACIO	1.2 NAME	800002000848--0
STREET ADDRESS	2900 NW 39TH STREET	1.3 STREET ADDRESS	-11/08/96--01098--001
CITY-ST-ZIP	MIAMI, FL 33142	1.4 CITY-ST-ZIP	****975.00 ****975.00
TITLE	~~V/T/Asst.S/D~~	2.1 TITLE	V/T/S/D ☐ Change ☐ Addition
NAME	AGUIRRE, FRANCISCO	2.2 NAME	
STREET ADDRESS	2900 NW 39TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	2.4 CITY-ST-ZIP	
TITLE	~~S/D~~	3.1 TITLE	Asst.S/D ☐ Change ☐ Addition
NAME	AGUIRRE, ALEJANDRO J.	3.2 NAME	
STREET ADDRESS	2900 NW 39TH STREET	3.3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	REINSTATEMENT 93-96
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	DC 10-22-96
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Aguirre HORACIO AGUIRRE, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/18/96. Daytime Phone #: