

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **294528** (5)

1. Corporation Name
SARAL PUBLICATIONS INC



Principal Place of Business: **6355 N.W. 36TH STREET VIRGINIA GARDENS FL 33166**
Mailing Address: **6355 N.W. 36TH STREET VIRGINIA GARDENS FL 33166**

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: **07/06/1965**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1103522**
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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SPENCER, THOMAS R., JR.
801 BRICKELL AVENUE, SUITE #1901
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: **Cristina Gomez**
82 Street Address (P.O. Box Number is Not Acceptable): **6355 N.W. 36 Street**
83 **Virginia Gardens, FL 33166**
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE: *Cristina Gomez* 3/11/96

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LLERENA, ADA G. ESQ	
STREET ADDRESS	6355 NW 36TH STREET	
CITY, ST, ZIP	VIRGINIA GARDENS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, THOMAS R. ESQ	
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 1901	
CITY, ST, ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MODIA, CARLOS M	
STREET ADDRESS	6355 NW 36TH STREET	
CITY, ST, ZIP	VIRGINIA GARDENS FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ-LEWIS, GUSTAVO	
STREET ADDRESS	6355 NW 36TH STREET	
CITY, ST, ZIP	VIRGINIA GARDENS FL	
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 '92

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Cristina Gomez	
13 STREET ADDRESS	6355 N.W. 36 Street	
14 CITY, ST, ZIP	Virginia Gardens, FL 33166	
21 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Ing. Antonio Garcia	
23 STREET ADDRESS	6355 N.W. 36 Street	
24 CITY, ST, ZIP	Virginia Gardens, FL 33166	
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	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Rafael Schuck	
53 STREET ADDRESS	6355 N.W. 36 Street	
54 CITY, ST, ZIP	Virginia Gardens, FL 33166	
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 119.04(3)(b), 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 or after 1/1/96) with an address.

SIGNATURE: *Cristina Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cristina Gomez, Secretary

3/11/96 305-871-6400

CR2E034 (12/95)