

**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**

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

3. Date Incorporated or Qualified <b>07/06/1965</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-1103522</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>Cristina Gomez</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6355 N.W. 36 Street</b>
83 City	<b>Virginia Gardens, FL 33166</b>
84 City	<b>FL</b>
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* DATE: **3/11/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LLERENA, ADA G. ESQ</b>	
STREET ADDRESS	<b>6355 NW 36TH STREET</b>	
CITY-ST-ZIP	<b>VIRGINIA GARDENS FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPENCER, THOMAS R. ESQ</b>	
STREET ADDRESS	<b>801 BRICKELL AVENUE, SUITE 1901</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MODIA, CARLOS M</b>	
STREET ADDRESS	<b>6355 NW 36TH STREET</b>	
CITY-ST-ZIP	<b>VIRGINIA GARDENS FL</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ-LEWIS, GUSTAVO</b>	
STREET ADDRESS	<b>6355 NW 36TH STREET</b>	
CITY-ST-ZIP	<b>VIRGINIA GARDENS FL</b>	
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	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Cristina Gomez</b>	
13 STREET ADDRESS	<b>6355 N.W. 36 Street</b>	
14 CITY-ST-ZIP	<b>Virginia Gardens, FL 33166</b>	
21 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Ing. Antonio Garcia</b>	
23 STREET ADDRESS	<b>6355 N.W. 36 Street</b>	
24 CITY-ST-ZIP	<b>Virginia Gardens, FL 33166</b>	
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	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Rafael Schuck</b>	
53 STREET ADDRESS	<b>6355 N.W. 36 Street</b>	
54 CITY-ST-ZIP	<b>Virginia Gardens, FL 33166</b>	
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)