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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 294528

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1965 4. FEI Number 59-1103522 Applied For Not Applicable 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution [] -\$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. [] Yes [X] No

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

9. Name and Address of Current Registered Agent

GARCIA, ORLANDO 6355 NW 36TH ST VIRGINIA GARDENS FL 33166

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

Table with 5 rows of officer information including titles, names, and addresses for CH MARTINEZ, RAUL LOPEZ; V ALFONSO DE ANGOITIA NORIEGA; T CLAIRIN, FERNANDO ANTIL; S SPENCER, THOMAS R JR.; AS AZUCENA DOMINGUEZ DE SAN MARTIN.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns for adding or changing officers/directors, including fields for title, name, street address, and city-st-zip.

14. I 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 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, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (1/98)