


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

FILED  
May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 393312 (4)**  
 1. Corporation Name  
**THE MIAMI HERALD PUBLISHING COMPANY**



Principal Place of Business <b>ONE HERALD PLAZA</b> <b>MIAMI FL 33132</b> <b>US</b>	Mailing Address <b>ONE HERALD PLAZA</b> <b>MIAMI FL 33132-1609</b> <b>US</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>25</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>30</b> Country		<b>3. Date Incorporated or Qualified</b> <b>12/29/1971</b>	<b>3a. Date of Last Report</b> <b>06/03/1996</b>
		<b>4. FEI Number</b> <b>38-0723657</b>		Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>DIAZ, JESUS</b> <b>ONE HERALD PLAZA</b> <b>MIAMI FL 33132-8693</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>Joe Natoli</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>One Herald Plaza</b> <b>83</b> <b>84 City</b> <b>Miami</b> <b>FL</b> <b>85 Zip Code</b> <b>33132</b>			
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**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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	RIDDER, P. ANTHONY				
STREET ADDRESS	ONE HERALD PLAZA				
CITY-ST-ZIP	MIAMI FL				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	LAWRENCE, DAVID JR.				
STREET ADDRESS	#1 HERALD PLAZA				
CITY-ST-ZIP	MIAMI, FL 00000				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	NATOLI, JOSEPH				
STREET ADDRESS	#1 HERALD PLAZA				
CITY-ST-ZIP	MIAMI FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	HARRIS, DOUGLAS C.				
STREET ADDRESS	#1 HERALD PLAZA				
CITY-ST-ZIP	MIAMI FL				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	EFFREN, GARY				
STREET ADDRESS	ONE HERALD PLAZA				
CITY-ST-ZIP	MIAMI FL				
TITLE	VT	<input type="checkbox"/> DELETE			
NAME	JONES, ROSS				
STREET ADDRESS	ONE HERALD PLAZA				
CITY-ST-ZIP	MIAMI FL				
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME		Assistant Treasurer			
4.3 STREET ADDRESS		Brenda Rogers Pryor			
4.4 CITY-ST-ZIP		One Herald Plaza			
		Miami, FL			
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 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: **Brenda Rogers Pryor** *B. Rogers* 305-376-3813

CR2E034 (9/96)