FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12: 35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **508839** (8)

1. Corporation Name
LA NACION NEWSPAPER, INC.

Principal Place of Business	Mailing Address
1393 S.W. 1ST STREET SUITE 205 MIAMI FL 33135	1393 S.W. 1ST STREET SUITE 205 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1713687 — Applied For / Not Applicable

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

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

GARCIA, ARMANDO
2279 S.W. 6TH STREET
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: Garcia, Armando
82 Street Address (P.O. Box Number is Not Acceptable): 214 Antiquera ST,
83 Apt 2
84 City: Coral Gables 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: A. Garcia suffered a stroke and cannot sign (X) Witness: N. Saif — DATE 7-12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1 1 TITLE	☐ Change ☐ Addition
NAME	CAUBI, FERNADEZ	1 2 NAME	
STREET ADDRESS	1901 N.W. 17TH AVE.	1 3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	1 4 CITY ST ZIP	
TITLE	T D	2 1 TITLE	☐ Change ☐ Addition
NAME	SAIF, NICOLAS J	2 2 NAME	
STREET ADDRESS	2101 S W 21ST AVE	2 3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	2 4 CITY ST ZIP	
TITLE	PD	3 1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ARMANDO	3 2 NAME	
STREET ADDRESS	214 SW ANTIQUEPER ST., APT. 2	3 3 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	3 4 CITY ST ZIP	
TITLE	V	4 1 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, JOSE A	4 2 NAME	
STREET ADDRESS	1393 S W 1ST STREET	4 3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
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	

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: N. Saif T — May 25, 1995 — 649-9952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0142176 CP