

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F65769

(4)

1. Corporation Name

LA PRENSA NEWSPAPER, INC.



Principal Place of Business

685 COUNTY ROAD 427
LONGWOOD FL 32750

Mailing Address

685 COUNTY ROAD 427
LONGWOOD FL 32750

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip
29 Country

g. Name and Address of Current Registered Agent

TORO, MANUEL A.
685 SOUTH COUNTY ROAD 427
LONGWOOD FL 32750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

02/03/1982

3a. Date of Last Report

01/31/1995

4. FET Number

59-2252701

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(2) and 607.1503, 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 607.07(1), Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

800001760838
-03/28/96--01041--021
***200.00

32
3.28

SIGNATURE:

Manuel A. Toro

MANUEL A. TORO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 7, 1996 (407) 767-0070

CR2E034 (12/95)