

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F65769**

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**

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90003 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1982

4. FEI 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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST** ☐ DELETE
NAME **DE TORO, DORA CASANOVA**
STREET ADDRESS **509 GUMWOOD CT**
CITY-ST-ZIP **ALTAMONTE SPGS, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **TORO, MANUEL A**
STREET ADDRESS **509 GUMWOOD CT**
CITY-ST-ZIP **ALTAMONTE SPGS, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Manuel A. Toro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 12, 1999 (407) 767-0070
Date Daytime Phone #

CR2E034 (5/99)

590173-70003-29
F65769

Antonio Lemus C.P.A. P.A.
Certified Public Accountant
A Professional Association

Member
Florida Institute of Certified Public Accountants
American Institute of Certified Public Accountants

Member
National Association of Accountants
Institute of Certified Management Accountants

July 8, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: La Prensa Newspaper, Inc.
EIN: 59-2252701
1999 Corporate Annual Report

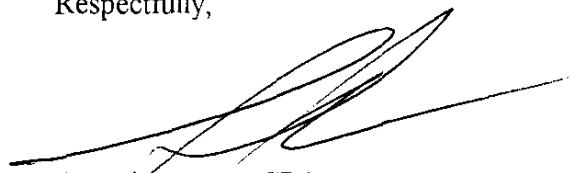
Dear Sirs:

Enclosed are the Company's 1999 Corporate Annual Report and check in the amount of \$150.

The corporate officer was in and out of the country from January through May 1999. Also, the office administrator had changed during this period. We believe that the first report was lost in the mail. We ask that you accept the Company's check and abate the \$400 filing fee.

Thank you in advance for your prompt attention and consideration regarding this matter. I look forward to receiving your correspondence. Please contact me should you require additional information.

Respectfully,



Antonio Lemus, CPA



Manuel A. Toro, President

AL/llk
Enclosures
1999 Corporate Annual Report
Check in the Amount of \$150