FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000003500 (4)**

1. Corporation Name

SANTILLANA PUBLISHING COMPANY, INC.

Principal Place of Business	Mailing Address
2105 NW 86th AVENUE MIAMI, FL 33122	2105 NW 86th AVENUE MIAMI, FL 33122

3. Date Incorporated or Qualified: 07/20/1995

3a. Date of Last Report:

4. FEI Number: 95-4417384 ☐ 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

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDOVAL, MANUEL G
2105 NW 86th AVENUE
MIAMI, FL 33122

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME	SANDOVAL, MANUEL G		1.2 NAME	EFRAIN SANTA	
STREET ADDRESS	2105 NW 86th AVE.		1.3 STREET ADDRESS	2105 NW 86th AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122		1.4 CITY-ST-ZIP	MIAMI,FL 33122	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELIAS DE TEJADA, CRISTINA		2.2 NAME		
STREET ADDRESS	2043 NW 87TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NORMAN, MARLA D		3.2 NAME		
STREET ADDRESS	2105 NW 86th AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		3.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DURAN, MANUEL S		4.2 NAME		
STREET ADDRESS	2105 NW 86th AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DE POLANCO, IGNACIO		5.2 NAME		
STREET ADDRESS	2105 NW 86th AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERNALDO DE QUIROS, JOSE L		6.2 NAME		
STREET ADDRESS	2105 NW 86th AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this form or 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: _____ 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date