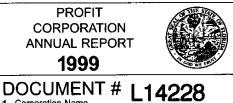
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

SPACE CLASSICS PUBLICATIONS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90071 027 ***150.00



										AKEKI BID	JI L (41) IIII	
Principal Place of Business Mailing Address										,,,,,,		
8290 NW 27 STR 8290 NW 27 STR												
STE 603		STE 603										
MIAMI FL 33122 MIAMI FL			FL 33122				DO NOT WRITE IN THIS SPACE					
US US					3. Date Incorporated or Qualifed							
							09/06/1989			т		
2. Principal P	lace of Business	2a. Mailin	g Address				4. FEI Number		\vdash	<u> </u>	lied For	
21							00 0101100				Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					_		5. Certificate of Status Desired			\$8.75 Additional . Fee Required		
27					•	*****						
City & State City & State			State				6. Election Campaign Financing \$5.00 May Be					
23 28							Trust Fund Contribution Added to Fees					
Zip	Country			$\overline{}$	intry		8. This corporation owes the current year Intangible					
24				30	-		Personal Property Tax.					
	9. Name and Address of Curre	ent Registered /	Agent		De l		10. Name and Address of New Reg	istered A	rgent			
MEO	4 . 444H (F)				81	Name					ì	
MESA, MANUEL					82	Street Address (P.O. Box Number is Not Acceptable)						
1000 BRICKELL AVE												
	E 660				83		•					
MAIM	AII FL 33131				84	City			85	Zip Co	ode	
					04	City		FL		L ,p 00	~~	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.150	8, Florida Statu	ites, the a	bove	-named corp	oration submits this statement for the put	pose of c	hangin	ig its re	egistered	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	o of Florida Suc	h changé was :	authorized	יעמו	tne corporatio	on's board of directors. I hereby accept the	ie appoin	tment a	as regi	stered	
agent. i a	m tamıllar with, and accept the oblig	gations of, Section	11 007.0303, 11	onua Stat	uics.	•						
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicat	ile. (NOT	E: Registered	Agen	t signature required	d wheπ reinstating)	DATE			<u> </u>	
12.		AND DIRECTOR	•	13.			ADDITIONS/CHANGES TO OFFICE	ERS ANI	D DIRE	CTOF	S IN 12	
TITLE	DPT		DELETE	1.1 T	TLE				Cha	ange	☐ Addition	
NAME	MOLINA, NESTOR			1.2 N	AME	.						
STREET ADDRESS				135	TREET	ADDRESS			*			
i i	MIAMI FL				ΠY-S1							
CITY-ST-ZIP	DVS		☐ DELETE	2.1 T		1-211			Cha	ange	Addition	
				2.2 N						-		
NAME	MOLINA, MARTA					ADDDEDO						
STREET ADDRESS	8290 NW 27 STR, STE 603					ADDRESS						
CITY-ST-ZIP	MIAMI FL	<u></u>	☐ DELETE	_		T-ZIP			☐ Cha	ange	Addition	
TITLE			[DELETE	3.1 Ti						go		
NAME				3.2 N						•		
STREET ADDRESS				3.3 S	TREET	ADDRESS						
CITY-ST-Z#P	4.2				TY-S	T-ZIP	***		TTI Ch		☐ Addition	
TITLE			☐ DELETE	4.1 T	TLE				Cha	inge	☐ Addition	
NAME				4. 2 N	IAME							
STREET ADDRESS	,			4.3 \$	TREET	ADORESS						
CITY-ST-ZIP				4.4 C	ITY-SI	T-ZIP						
TITLE			☐ DELETE	5.1 T	ITLE		•		☐ Cha	ange	Addition	
NAME	` .			5.2 N	AME							
STREET ADDRESS				5.3 S	TREET	TADORESS						
CITY-ST-ZIP	• •			5.4 C	ΠY-S	T-ZIP						
TITLE	· .		☐ DELETE	6.1 T	ITLE				Cha	ange	☐ Addition	
NAME 15.	1 5 m			6.2 N	AME	.						
STREET ADDRESS	. 1			6.3 S	TREET	ADDRESS						
1												

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED SIGNING OFFICER OR DIRECTOR