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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L41312

1. Corporation Name

PUBLICATIONS EXCHANGE, INC.

|  |   | •                                |               |  |   |
|--|---|----------------------------------|---------------|--|---|
| Principal Place of Business Mailing Adde           |   |                                  | <del></del>   | ···-   | f (88f(8)) ätt avan rinna trikt ting 118f bint arbit bint åtätt fillt åtatt san |
| 8306 MILLS DRIVE                                   |   | 8306 MILLS DRIVE                 |               |  |   |
| SUITE 241  |   | SUITE 241<br>MIAMI FL 33183-4847 |               |  | DO NOT WRITE IN THIS SPACE  |
| MIAMI FL 33183-4847 MIAMI FL 33183-4847            |   |                                  |               |  | 3. Date Incorporated or Qualifed  |
|  |   |                                  |               |  | 01/05/1990  |
| 2. Principal Place of Business 2a. Mailing Address |   |                                  |               |  | 4. FEI Number Applied For   |
| 21   |   |                                  |               |  | Not Applicable  |
| Suite, Apt. #, etc.                                |   | Suite, Apt. #, etc.              |               |  | 5. Certificate of Status Desired \$8.75 Additional                              |
| 22   |   | 27                               |               |  | ree Required  |
| City & Stat  | te  |                                  | City & State  |  | 6. Election Campaign Financing \$5.00 May Be                                    |
| 23   | - Country   | Zip                              |               | untry  | Trust Fund Contribution Added to Fees   |
| Zíp  | Country   | <b>⊢</b>                         | 30            | лиу  | This corporation owes the current year Intangible     Personal Property Tax.    |
| 24   | 25 Name and Address of Curre                      | pt Registered Agent              | 30            |  | 10. Name and Address of New Registered Agent                                    |
|  | g, Marite and Address of Guite                    | in Registered Agent              | <u> </u>      | 81 Name  |   |
| HER  | NANDEZ, JOSEFINA                                  |                                  |               |  |   |
| 12305 SW 133 COURT                                 |   |                                  |               | 82 Street Address (P.O. Box Number is Not Acceptable) 12232 S.W. 132nd COURT |   |
| sun  | SUITE 104   |                                  |               | 83   | 252 b.w. 152nd 000kl  |
| MIAI   | MI FL 33186                                       |                                  |               |  |   |
|  |   |                                  |               | 84 City  | AMI <b>FL</b> 85 Zip Code 33186   |
| 44 Pursuant  | to the provisions of Sections 607.05              | 02 and 607 1508 Florida Sta      | tutes, the a  | hove-named   | corporation submits this statement for the purpose of changing its registered   |
| office or i  | registered agent, or both, in the State           | e of Florida. Such change was    | s authorize   | d by the compo   | poration's board of directors. I hereby accept the appointment as registered    |
| agent. I a   | am familiar with, and accept the oblig            | ations of, Section 607.0505, i   | -iorida Stai  | utes.  |   |
| SIGNATURE  | Signature, typed or printed name of registered ag | ent and title if anniicable (NC  | TF: Registere | Agent signature re   | required when reinstating) DATE   |
| 12.  |   | ND DIRECTORS                     | 13.           |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                               |
| TITLE  | PVS   | ☐ DELETE                         | 1.1 T         | TLE  | ☐ Change ☐ Addition   |
| NAME   | HERNANDEZ, JOSEFINA E.                            |                                  | 1.2 N         | AME .  |   |
| STREET ADDRESS                                     | ACCE OUL ACOND OT                                 |                                  | 1.3 S         | TREET ADDRESS  | 3   |
| CITY-ST-ZIP  | MIAMI FL  |                                  | 1.4 C         | ITY-ST-ZIP   |   |
| TITLE  | T   | ☐ DELETE                         | 2.1 T         | TILE   | ☐ Change ☐ Addition   |
| NAME   | HERNANDEZ, JOSEFINA E.                            |                                  | 2.2 N         | AME  |   |
| STREET ADDRESS                                     | AGONA ONL AGO OT AGT TI                           |                                  | 2.3 S         | TREET ADDRESS  |   |
| CITY-ST-ZIP  | MIAMI FL  |                                  | 2.40          | CITY-ST-ZIP  |   |
| TITLE  | *   | ☐ DELETE                         | 3.1 T         | MLE .  | ☐ Change ☐ Addition   |
| NAME   | "   |                                  | 3.2 N         | AME  |   |
| STREET ADDRESS                                     |   |                                  | 3.3 S         | TREET ADDRESS  |   |
| CITY-ST-ZIP  |   |                                  | 3.4. 0        | CITY-ST-ZIP  |   |
| TITLE  |   | ☐ DELETE                         | 4.1 T         | m.e  | Change Addition   |
| NAME   |   |                                  | 4.21          | NAME   |   |
| STREET ADDRESS                                     | 6   |                                  | 4.3 S         | TREET ADDRESS  | 3   |
| CITY-ST-ZIP  | 1   |                                  | 4.4 0         | ITY-ST-ZIP   |   |
| TITLE  |   | ☐ DELETE                         | 5.1 T         | MLE  | ☐ Change ☐ Addition   |
| NAME   |   |                                  | 5.2 N         | AME  |   |
| STREET ADDRESS                                     |   |                                  | 5.3 S         | TREET ADDRESS  | 3   |
| CITY-ST-ZIP  |   | <u> </u>                         | 540           | ITY-ST-ZIP   |   |
| TITLE  |   | ☐ DELETE                         | 6.1 T         | ITLE   | ☐ Change ☐ Addition   |
| NAME   |   |                                  | 6.2 N         | AME  |   |
|  | 1   |                                  |               | TREET ADDRESS  | . [   |

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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR