

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # L51486 (3)**

1. Corporation Name  
**EL NUEVO PATRIA PUBLISHING COMPANY**



Principal Place of Business <b>% ELADIO ARMESTO III                  P O BOX 2                  MIAMI FL 33135-0002                  US</b>	Mailing Address <b>P.O. BOX 2-JOSE MARTI STATION                  MIAMI FL 33135-002                  US</b>
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/15/1990**

4. FEI Number  
**65-0179765** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
	29 <b>33135-0002</b> 30

9. Name and Address of Current Registered Agent

**ARMESTO, ELADIO III  
 250 S.W. 34TH AVE.  
 MIAMI FL 33135**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARMESTO, ROSA MARIA	
STREET ADDRESS	250 S.W. 34TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ARMESTO, PEDRO L.	
STREET ADDRESS	250 SW 34TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DELOACH, FRANCIA	
STREET ADDRESS	JOSE MARTI STATION	
CITY-ST-ZIP	MIAMI FL	
TITLE	<del>DS</del>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DIRECTOR / PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP	MIAMI, FL 33135-0002	
41 TITLE	DIRECTOR / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JOSEFA GARCIA	
43 STREET ADDRESS	JOSE MARTI STATION	
44 CITY-ST-ZIP	MIAMI, FL 33135-0002	
51 TITLE	DIRECTOR / VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MARIA LUCA DOMINGUEZ	
53 STREET ADDRESS	JOSE MARTI STATION	
54 CITY-ST-ZIP	MIAMI, FL 33135-0002	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Rosa Armesto* VICE PRESIDENT 3-17-98 305-530-8787

CR2E034 (10/97)