

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
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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>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/15/1990</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0179765</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ARMESTO, ELADIO III 250 S.W. 34TH AVE. MIAMI FL 33135</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		85. FL	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	DP	11 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMESTO, ROSA MARIA	12 NAME	
STREET ADDRESS	250 S.W. 34TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	DIRECTOR / PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMESTO, PEDRO L.	22 NAME	
STREET ADDRESS	250 SW 34TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELOACH, FRANCIA	32 NAME	
STREET ADDRESS	JOSE MARTI STATION	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33135-0002
TITLE	<del>DS</del>	41 TITLE	DIRECTOR / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	JOSEFA GARCIA
STREET ADDRESS		43 STREET ADDRESS	JOSE MARTI STATION
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL 33135-0002
TITLE		51 TITLE	DIRECTOR / VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	MARIA LUCA DOMINGUEZ
STREET ADDRESS		53 STREET ADDRESS	JOSE MARTI STATION
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI, FL 33135-0002
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 Armento* VICE PRESIDENT

3-17-98 305-530-8787

CR2E034 (10/97)