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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	JAL REPORT		Sandra B. Mortham Secretary of State DIVISION OF CORPORATION		Secretary of State	
·	1997 MENT # L(6782 7	(0)			
	n Name NE PUBLISHING		(~)		e e e e e e e e e e e e e e e e e e e	
MAGAZII	NE PUBLISHING	GONP.			# 453 HATH BUD BUHA HERAK (BHA HAN HAN HAN HAN HAN HAN HAN HAN HAN H	DE ANDER ANDER DER PER DE BEI DE ANDERE ANDERE FRAN
Principal Place of Business Mailing Address					i ibaseall min must innat intin sints ind	le miller mehrer delbes miller er delbes terus sabe
7305 NW 12 ST MIAMI FL 33126			7305 NW 12 ST MIAMI FL 33128-1910			
					3. Date Incorporated or Qualified	3a. Date of Last Report
			,	,.	04/23/1990	08/19/1996
2. Principal P 21	ace of Business	2a. Mai	ling Address		4, FEI Number 65-0187015	Applied For Not Applicable
Suite Apt	#. etc		e, Apt. #, etc.	- 	5, Certificate of Status Desired	\$8.75 Additional
City & State		27	& State	-17		Fee Required
23	::	28	a state		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Coun	l'y Zip		Country	8. This corporation has liability fo	
24	25	29 ress of Current Registered	I Aneni	30	Florida Statutes 10. Name and Address of New R	Yes No
I F\A	, JOSE	Lass of Callette HeRistele	Agont	81 Name	10, Italio and Address of New 1	ogistoreu Agein
7305 NW 12TH CT				82 Street Ac	dress (P.O. Box Number is Not Accepte	ahla)
MIAMI FL 33126					ACCOST (1.0. DOX 1101100) TO 1101 1100 Upin	
				83		
				84 City		B5 Zip Code
11. Pursuant	to the provisions of Se	clions 607.0502 and 607.1	508, Florida Statut	es, the above-named co	orporation submits this statement for the	
office or r agent. La	egistered agent, or bo in lamiliar with, and ac	th, in the State of Florida Scoot the obligations of, Se	uch change was ction 607.0505. FI	authorized by the corpo- orida Statutes	orporation submits this statement for the ration's board of directors. I hereby according	ept the appointment as registered
SIGNATURE						
12.		 of regulated agent and title if app OFFICERS AND DIRECTOR 		F. Registered Agent signature re	quired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE
TOLE	DP	OF FIGURE AND OFFICE OF OFFI	DELETE	1.1 TITLE	ADDITIONS/OFFARIAGES TO OFF	Change Addition
NAMi	LEVY, JOSE			1.2 NAME		-
STREET ADDRESS	7305 NW 12TH S	TREET		13 STREET ADDRESS		
(1, x - 21 - V);	MIAMI FL 33126		Logicze	. 1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
MLF	dst Iglesia, Miguel	M	DELETE	2.1 TITLE		L Change L Addition
NAM* STREET ADDRESS	RINCON 171 CAP			2.2 NAME 2.3 STREET ADDRESS	•	
City+51-7IP	ARGENTINA			2. 4 CITY - ST - ZIP	Ŀ	
1 11.8			DELETE	3.1 TITLE		Change Addition
NAME				32 NAME	•	
STREET ADDRESS				3 3 STREET ADDRESS		
011Y - 51 - 73P 1014			DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			ZI DESCRIP	4. 2 NAME		E sumido E unolitori
STELET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-74P				4.4 CITY-ST-ZIP		
1.10			DELETE	5 1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
C. TY+S1+7IP TIGUE			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			FT CONTRACTOR	6.2 NAME		المالاندا في المالاندا في
STREET AFTERESS				6.3 STREET ADDRESS		

64 CITY-ST-ZP

14. 1 do 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 in this annual report is 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 directive 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 clock 13 if changed, or on an attachment with an address.

SIGNATURE

FILED

Apr 23 1997 8:00am