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

PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATÙRI



FLORIDA DEPARTMENT OF STATE :

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M57651

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MIAMI PRESS PUBLISHER & DISTRIBUTOR. INC.

Principal Place of Business Mailing Address 4322 S.W. 73RD AVENUE 4322 S.W. 73RD AVENUE MIAMI FL 33155-4550 MIAMI FL 33155 3a. Date of Last Report 04/25/1996 3. Date Incorporated or Qualified 08/19/1987 2. Prencipal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2834337 26 Not Applicable Sulfe, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & Stati \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Ζip Country under s. 199.032. 8. This corporation has liability for intangible ta 24 30 25 29 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOMEZ, VICTOR J. 81 Name 4322 S.W. 73RD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) in our end registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 14.1 Change Addition 11 TITLE GOMEZ, VICTOR J. NAME 1.2 NAME 4322 S.W. 73RD AVENUE STREET ZODIES! 1.3 STREET ADDRESS MIAMI FL CEM STUZIO 1.4 CITY - ST-ZIP DELETE 1000 21 TITLE Change Addition NAME 22 NAME STREET #000ESS 2.3 STREET ADDRESS DITY St. 7-1 2 4 CITY-ST-ZIP DELETE 1:1(1) 3.1 TITLE Change Addition NAMI 3.2 NAME STOREL AUDRESS **3.3 STREET ADDRESS** 0017 - ST - Z P 3.4. D(TY-ST-ZIP DELETE TRE 4 1 TITLE ☐ Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 064-81-71 4.4 CITY-ST-ZIP DELETE TILL 51 TITLE Change Addition NASI 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-51-24 5.4 CITY - ST - ZIP DELETE 1114 61 TITLE Change Addition NAME 6.2 NAME STRUCTARIOR 6.3 STREET ADDRESS 00 y - ST - 20 64 CITY - ST-ZIP

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that iration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
Mar 25 1997 8:00am
Secretary of State

(96/6)

