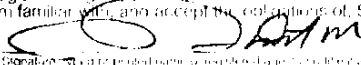


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M61612 1. Corporation Name LA PRENSA CENTROAMERICANA			
Principal Place of Business 10404 W. FLAGLER ST. #4 MIAMI, FL. 33174		Mailing Address 10404 W. FLAGLER ST. #4 MIAMI, FL 33174	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 10404 W. FLAGLER ST. Suite, Apt. #, etc. 22 # 21 City & State 23 MIAMI, FL. Zip 24 33174		2a. Mailing Address 26 10404 W. FLAGLER ST. Suite, Apt. #, etc. 27 # 21 City & State 28 MIAMI, FL. Zip 29 33174	
Country 25 U.S.A.		Country 30 U.S.A.	
3. Date Incorporated or Qualified 10-28-1987		4. FEI Number 65-0049134	
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			
9. Name and Address of Current Registered Agent ORTEGA FRANCISCO A. 721 S.W. 102 AVE. MIAMI, FL. 33174		10. Name and Address of New Registered Agent 81 Name JOSE R. ORTEGA 82 Street Address (P.O. Box Number is Not Acceptable) 8004 S.W. 149th. AVE. 83 # C-312 84 City MIAMI, FL 85 Zip Code 33193	
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 		DATE 04-25-98	
(NOTE: Registered Agent Signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☒ DELETE NAME PRESIDENT/DIRECTOR STREET ADDRESS ROQUE R. LACAYO 8625 N.W. 8th. ST. #106 CITY-ST-ZIP MIAMI, FL. 33126		☐ Change ☐ Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE ☐ DELETE NAME SECRETARY/DIRECTOR STREET ADDRESS FRANCISCO A. ORTEGA SR. 721 S.W. 102 AVE. CITY-ST-ZIP MIAMI, FL. 33174		☐ Change ☐ Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE ☐ DELETE NAME TREASURER/DIRECTOR STREET ADDRESS FRANCISCO A. ORTEGA JR. 721 S.W. 102 AVE. CITY-ST-ZIP MIAMI, FL. 33174		☐ Change ☐ Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition 71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition 81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP	
14. I hereby certify that the information appended 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; that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSE R. ORTEGA	
DATE 04-25-98		DAYTIME PHONE #	

CR2E034 (10/97)