

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT 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 # **N95000001177 (3)**

1. Corporation Name

**GREATER MIAMI INTERNATIONAL PRESS CENTER, INC.**



Principal Place of Business <b>111 N.W. 1ST ST. SUITE 108 MIAMI FL 33128</b>		Mailing Address <b>111 N.W. 1ST ST. SUITE 108 MIAMI FL 33128</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
3. Date Incorporated or Qualified <b>03/13/1995</b>		4. FEI Number <b>65-0590873</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HERNANDEZ-TORANO, JORGE L ESQ. 701 BRICKELL AVE. 30TH FLOOR MIAMI FL 33131</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	MARTINEZ, CARLOS				
STREET ADDRESS	111 N.W. 1ST ST. STE 108				
CITY-ST-ZIP	MIAMI FL 33128				
TITLE	CD	<input checked="" type="checkbox"/> DELETE			
NAME	SUAREZ, ROBERTO				
STREET ADDRESS	111 N.W. 1ST ST. STE 108				
CITY-ST-ZIP	MIAMI FL 33128				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	DOLARA, PETER				
STREET ADDRESS	111 N.W. 1ST ST. STE 108				
CITY-ST-ZIP	MIAMI FL 33128				
TITLE		<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					
1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Modesto W. Burgos				
1.3 STREET ADDRESS	111 N.W. 1st St. STE. 108				
1.4 CITY-ST-ZIP	Miami, FL 33128				
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Lauredo, Luis				
2.3 STREET ADDRESS	111 N.W. 1st St. STE 108				
2.4 CITY-ST-ZIP	Miami, FL 33128				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carlos Martinez*  
CARLOS MARTINEZ  
PRESIDENT

4-20-98 305/350-9930

CR2E037 (1097)