

FILED  
May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90034 035 \*\*\*150.00

DOCUMENT # P00000032030  
1. Entity Name  
MUNDO INFANTIL REVISTA MENSUAL, INC.

Principal Place of Business Mailing Address  
708 S.W. 57<sup>TH</sup> AVE. 708 S.W. 57<sup>TH</sup> AVE.  
MIAMI, FL. 33144-3922 MIAMI, FL. 33144-3922

2. Principal Place of Business 3. Mailing Address  
708 S.W. 57<sup>TH</sup> AVE. 708 S.W. 57<sup>TH</sup> AVE.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
MIAMI, FL. MIAMI, FL.  
Zip Country Zip Country  
33144-3922 MIAMI-DADE 33144-3922 MIAMI-DADE

4. FEI Number Applied For  
65-1019419 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MATILDE ALVAREZ  
708 S.W. 57<sup>TH</sup> AVENUE  
MIAMI, FL. 33144-3922

7. Name and Address of New Registered Agent  
Name MATILDE ALVAREZ  
Street Address (P.O. Box Number is Not Acceptable)  
708 S.W. 57<sup>TH</sup> AVENUE  
City MIAMI FL Zip Code 33144-3922

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *(Signature)* (305) 267-7305 04/20/2001  
Signature, Word or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	RAUL PEREZ	1260 S.W. 131 PLACE	MIAMI, FL. 33184.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY AND TREASURY	MATILDE ALVAREZ	708 S.W. 57 <sup>TH</sup> AVE.	MIAMI, FL. 33144-3922	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	MATILDE ALVAREZ	708 S.W. 57 <sup>TH</sup> AVENUE	MIAMI, FL. 33144-3922	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)* 04/20/2001 (305) 267-7305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #