AMEND

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED 05-12-2002 90625 026 ***150.00
P01000054536

02 JUN 14 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000054536

1. Entity Name
DEL VAL PUBLISHING CORPORATION

Principal Place of Business	Mailing Address
9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024	9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024

2. Principal Place of Business	3. Mailing Address
1661 BONAVENTURE BLVD Suite, Apt. #, etc.	1661 BONAVENTURE BLVD Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 65-1109780 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOVAR DEL CORRAL, JOSE G ARIAS TOVAR & ASSOCIATES PA 9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024	Name: TOVAR DEL CORRAL, JOSE G c/o Street Address (P.O. Box Number is Not Acceptable): ARIAS TOVAR & ASSOCIATES, P.A. 8180 NW 36 ST, SUITE 100 City: MIAMI FL Zip Code

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: JOVARD Signature, typed or printed name of registered agent and title if applicable. JOSE G. TOVAR DEL CORRAL (NOTE: Registered Agent signature required when reinstating) DATE: 4-24-02

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD IBANEZ DE ALDECOA, JOSE MARIA 9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024	☐ Delete	PD IBANEZ DE ALDECOA, JOSE MARIA 591 LIVE OAK LN WESTON, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD IBANEZ DE ALDECOA, LUIS ALFONSO 9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024	☒ Delete	VD GEOVANNY PRADO 1661 BONAVENTURE BND WESTON, FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD IBANEZ DE ALDECOA, ALBERTO 9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IBANEZ DE ALDECOA, JUAN CARLOS 9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024	☐ Delete	DTS IBANEZ DE ALDECOA, JUAN CARLOS 591 LIVE OAK LN WESTON, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

13. 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: JUAN IBANEZ DIRECTOR 03-15-02 954 385 1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)