FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:29

DOCUMENT # **P18164** **(4)**

1. Corporation Name
AMERICA PUBLISHING GROUP, INC.

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD SUITE 406 CORAL GABLES FL 33134 US	2600 DOUGLAS ROAD SUITE 406 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1988
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0122471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes X No

9. Name and Address of Current Registered Agent

SPENCER, THOMAS R.
801 BRICKELL AVENUE
SUITE 1901
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	RUIPEREZ, GERMAN SANCHEZ	12 NAME	
STREET ADDRESS	2600 DOUGLAS RD #406	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	LEWIS, GUSTAVO GONZALEZ	22 NAME	
STREET ADDRESS	2600 DOUGLAS RD #406	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	DEV	31 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, CARLOS E.	32 NAME	
STREET ADDRESS	2600 DOUGLAS RD #406	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SPENCER, THOMAS R.	42 NAME	
STREET ADDRESS	801 BRICKELL AVE., S1901	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, SERGIO L.	52 NAME	
STREET ADDRESS	2600 DOUGLAS RD #406	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	BLANCO, MANUEL	62 NAME	
STREET ADDRESS	2600 DOUGLAS RD #406	63 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed or added above.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0161900 CP