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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000013832 (0)

EL UNIVERSAL NEWS & MAGAZINE, INC.

Principal Place of Business					
1393 SW 1ST STREET SUITE 207 MIAMI FL 33135 US					
2. Principal Place of Business					
21 1393 S.W. 1					
 Suite, Apt. #, etc.					
22 SUITE 207					
City & State					

23

- 1 TROCTOR LING COLO 1201 I 1843 CRAIN BOIRT BOIRD CHORD HILL BOIRD CHAR THUL BOIR

**FILED** 

May 15 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address			I YARAMADA KIR JENIN HIRIY OBIH GONIY SERHI DAIDI YARAR MIKU JANDE HIRID KIRI JOHN
1333 SW 1ST STREET Suite 207 Miami Fl 33135		P.O. BOX 522455 MIAMI FL 33152-2455 US			DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualified 12/18/1992
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
ท 1393	S.W. 1st STREET	P.O.BOX 522455		55	65-0423121 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
2 SUIT	E 207	27			5. Certificate of Status Desired Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
MAIM E	T. FLORIDA	MIAMI FI	ORTI	1.Δ	Trust Fund Contribution
Zıp	Country	Zıp	Countr	/	This corporation owes or has paid the current year Intangible
3313	5 U.S.A.	29 33152-245530	U.S	. A .	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
WILSON, J E				Name	e
21	2151 LE JEUNE ROAD			Street	t Address (P.O. Box Number is Not Acceptable)
ME	ZZZEAANINE		62	J. Girect	t Address (1 .O. Dox Halling is Not Addeptadic)
CC	RAL GABLES FL 33134		83		
			-		
			84		FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was auth	rorized b	v the corr	d corporation submits this statement for the purpose of changing its registered irporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent	<del> </del>		ent signature	re required when reinstaling) OATE
12.	OFFICERS AND	DELETÉ	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	T.'	[ Dereie	1.1 TITLE		☐ Change ☐ Addition
NAME	MARINA, EVARISTO		12 NAME		
STREET ADDRESS	11136 SW 5TH ST		1.3 STREE	1 Address	
CITY-ST-ZIP	MIAMI FL	The service	1.4 CITY-	ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE		Change Addition
NAME	MARINA, JOSE E.		2.2 NAME		
STREET ADDRESS	11136 SW 5TH ST		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -	ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w OFFICERS AND DIRECTORS 12. DELETÉ 1.1 TITLE TITLE MARINA, EVARISTO NAME 1.2 NAME 11136 SW 5TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE MARINA, JOSE E. NAME 2.2 NAME 11136 SW 5TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-21P 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5 1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-2IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address.

SIGNATURE:

EVARISTO MARINA 04-17-98 (305) 226-5956