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ANNUAL REPORT
1995



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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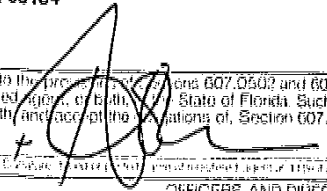
JULIA PUBLISHING INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business 13330 S.W. 5 STREET MIAMI FL 33184		2a. Mailing Address 13330 S.W. 5 STREET MIAMI FL 33184	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/04/1993		3a. Date of Last Report 05/01/1994	
4. FEI Number 65-0462776		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$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 ☐ No			

9. Name and Address of Current Registered Agent MORENO, ANTONIO 13330 S.W. 5 STREET MIAMI FL 33184		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D MORENO, JORGE	1.1 TITLE	☐ Change ☐ Addition
12.2 STREET ADDRESS	3520 S.W. 60 CT	1.2 NAME	
12.3 CITY - ST - ZIP	MIAMI FL 33155	1.3 STREET ADDRESS	
12.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
12.5 NAME	D MORENO, ANTONIO	2.1 TITLE	☐ Change ☐ Addition
12.6 STREET ADDRESS	13330 S.W. 5 ST	2.2 NAME	
12.7 CITY - ST - ZIP	MIAMI FL 33184	2.3 STREET ADDRESS	
12.8 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
12.9 NAME	D MORENO, JULIA	3.1 TITLE	☐ Change ☐ Addition
12.10 STREET ADDRESS	13330 S.W. 5 ST	3.2 NAME	
12.11 CITY - ST - ZIP	MIAMI FL 33184	3.3 STREET ADDRESS	
12.12 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
12.13 NAME		4.1 TITLE	☐ Change ☐ Addition
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY - ST - ZIP		4.3 STREET ADDRESS	
12.16 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
12.17 NAME		5.1 TITLE	☐ Change ☐ Addition
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY - ST - ZIP		5.3 STREET ADDRESS	
12.20 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
12.21 NAME		6.1 TITLE	☐ Change ☐ Addition
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY - ST - ZIP		6.3 STREET ADDRESS	
12.24 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information furnished with this block is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished in 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. 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 of this report.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 14)