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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077556 (7)

A & W PUBLISHING ELECTRONIC SERVICES, INC.

Principal Place of Business

2430 SW 127 AVE. MIAMI FL 33175 Mailing Address

2430 SW 127 AVE. MIAMI FL 33175-1800

FILED Apr 29 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 3s. Date of Last Report 04/30/1996
2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21				26 P.O. Box (30041			65-0456612 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Serviced Fee Required
City & State			City & State	City & State 28 Man: FLoriz			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24		Country 25	29 33283	30	intry	S A	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
	9, Name		rent Registered Agent	. 125.4			10. Name and Address of New Registered Agent
A	IRIAS, JORGE	R			81	Name	
	430 SW 1271				82 Street Address (P.O. Box Number is Not Acceptable)		
N	MAMI FL 3317	75			63		
					84	City	FL 85 Zip Code
office	or registered ag I am familiar w RE	gent, or both, in the St ith, and accept the ob	ate of Florida. Such change was digations of, Section 607.0505, F	authorize lorida Stat	d by tutes.	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12.	Signature, typed	or printed name of registered OFFICERS	AND DIRECTORS	13.	in Agen	at signature n	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	CIT IOLIIO	DELETE	1.1.7)	ILÉ	1	Change Addition
NAME	ARIAS, J	IORGE R		1.2 N/	1.2 NAME		• —
STREET ADDRE	0400 011	/ 127 AVE		1.3 \$1	1.3 STREET AC		
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NAME				2.2 N/	AME		
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CITY-ST-ZIP			D bruss		2. 4 CHY-ST-ZIP		To TARRES
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TITLE			☐ DELETE	5.1 TI	TLF		Change Addition
NAME	ł			5.2 N	AME		
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NAME				62 N/			
STREET ADDRES	SS					ADDRESS	
CITY-ST-ZIP	**************************************	t dien imformation o	deathairt iste fille- de-east		TY - \$1		ated in Coation 110 07(0)(i) Florida Cast to 11 alternative de la contraction de la
inform. I am a	ation indicated in officer or dire	on this annual report ctor of the corporation	or supplemental annuat report is	true and a wored to o	accui	rate and t	ated in Section 119.07(3)(i). Florida Statutes, I further certify that the that my signature shall have the same legal effect as if made under oath; that aport as required by Chapter 607, Florida Statutes; and that my name