FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000004068 (0)

1. Corporation Name

A.J.R. PUBLISHING, INC.

Principal Place of Business	Mailing Address
125 WEST 9TH ST. HIALEAH FL 33010	P. O. BOX 170741 HIALEAH FL 33017

3. Date Incorporated or Qualified	3a. Date of Last Report
01/18/1994	11/29/1995

4. FEI Number: 65-0461363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: NO — $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7312 N.W. 8 Street	26 P.O. BOX 170741
Suite, Apt. #, etc. 22 BAY "G" & "H"	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Hialeah, FL
Zip 24 33126 Country 25 USA	Zip 29 33017 Country 30 U.S.A

9. Name and Address of Current Registered Agent

~~MILIAN, OLAYA~~
~~125 WEST 9TH ST.~~
~~HIALEAH FL 33010~~

10. Name and Address of New Registered Agent

81 Name: Aleida Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable): 7312 N.W. 8th Street
83 BAY "G" & "H"
84 City: MIAMI FL 85 Zip Code: 33126

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: Aleida Rodriguez [signature] PRESIDENT 3/18/96
Signature, typed or printed name of Registered Agent and title if applicable (The Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PSSD	☒ DELETE
NAME	MILIAN, OLAYA	
STREET ADDRESS	19872 N.W. 64TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	VD PSSD	☐ DELETE
NAME	RODRIGUEZ, ALEIDA	
STREET ADDRESS	125 WEST 9TH ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	400001779454	
4.4 CITY-ST-ZIP	-04/15/96--01021--042	
5.1 TITLE	***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

ND 4-14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: Aleida Rodriguez [signature] 3/18/96 (305) 267-6686
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)