

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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

**7312 N.W. 8 STREET
BAY "O" & "H"
MIAMI FL 33126
US**

Mailing Address

**P. O. BOX 170741
HIALEAH FL 33017
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report 04/14/1996
--	--

2. Principal Place of Business 21 6095 NW 167 ST D4 Suite, Apt. #, etc. 22 D-4 City & State 23 Miami Lakes FL Zip 24 33015 Country 25 USA	2a. Mailing Address 26 6095 N.W. 167 Street Suite, Apt. #, etc. 27 D-4 City & State 28 Miami Lakes FL Zip 29 33015 Country 30 USA
--	--

4. FEI Number 65-0461363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RODRIGUEZ, ALEIDA
7312 N.W. 8TH ST.
MIAMI FL 33126**

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 *Aleida Rodriguez* (NOTE: Registered Agent signature required when reinstating) DATE **9/5/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSSD	1.1 TITLE	
NAME	MILIAN, OLAYA	1.2 NAME	
STREET ADDRESS	19872 N.W. 64TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	1.4 CITY-ST-ZIP	
TITLE	VOPS	2.1 TITLE	
NAME	RODRIGUEZ, ALEIDA	2.2 NAME	
STREET ADDRESS	125 WEST 9TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 changed, or on an attachment with an address.

SIGNATURE: *Aleida Rodriguez* **9/5/97** **305 558-5500**

CR2E034 (4/97)