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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90151 019 ***150.00

04-14-1999 90151 020 *****8.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P940000004068

1. Corporation Name

A.J.R. PUBLISHING, INC.

Principal Place of Business

6095 NW 167 ST

D-4

MIAMI LAKES FL 33015

US

Mailing Address

6095 NW 167 STREET

D-4

MIAMI LAKES FL 33015

US

2. Principal Place of Business

4265 EAST 8TH AVE

Suite, Apt. #, etc.

(Lejune Road)

City & State

Hialeah FL

Zip

33013

Country

U.S.A.

2a. Mailing Address

4265 EAST 8TH AVE

Suite, Apt. #, etc.

(Lejune Road)

City & State

Hialeah, FL

Zip

33013

Country

U.S.A.

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1994

4. FEI Number

65-0461363

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Aleida Rodriguez

82 Street Address (P.O. Box Number is Not Acceptable)

4265 EAST 8TH AVE

83

84 City Hialeah

FL

85 Zip Code

33013

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 607.050, Florida Statutes.

SIGNATURE *Aleida Rodriguez VP*
Signature, typed or printed name of registered agent and agent's application.

(NOTE: Registered Agent signature required when reinstating)

DATE
01/08/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSSD MILIAN, OLAYA

STREET ADDRESS 19872 N.W. 64TH PLACE

CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ DELETE

NAME VDPS 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

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 PSSD OLAYA Milian

1.3 STREET ADDRESS 4265 EAST 8TH AVE

1.4 CITY-ST-ZIP Hialeah, FL 33013

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VDPS Aleida Rodriguez

2.3 STREET ADDRESS 4265 EAST 8TH AVE

2.4 CITY-ST-ZIP Hialeah FL 33013

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

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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

14. I 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, with all other like empowered.

SIGNATURE: *Olivia Milian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 01/08/99 (305) 558-5500

CR2E034 (1/198)