FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000015636 (1)

DOCUN 1. Corporation	MENT # P940	00015636 (1)		
•	UBLISHING, INC.				
Principal Place	of Business	Mailing Address		- I Indiindii hid ialiit alabi davii aavii aa	ill Billi siètt Bout Auchs vera Bur cear
1790 CORAL WAY, SUITE 200		1790 CORAL WAY.	SUITE 200		
MIAMI FL 33		MIAMI FL 33145			3a. Date of Last Report
				3. Date incorporated or Qualified 02/25/1994	04/07/1995
2. Principa Pia	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0475931	Not Applicable \$8.75 Additional
Suite, Apt. i	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		Oity & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
Oity & State	!	28		Trust Fund Contribution	Added to Fees
[23] Ζη:	Country	Ζφ	Country	8. This corporation has liability for interior Florida Statutes Yes	angible tax under s. 199.032,
24	25	29	30	10. Name and Address of New Reg	
	9. Name and Address of Cui	rrent Registered Agent	81 Name	10.	
144 DY11	. OLODIA		B2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	i, Gloria Oral Way, Suite 200		52 Street Addr	855 (
	FL 33145		83		
WILZDII V	12 00110		84 City		85 Zip Code
					FL Separate registered office
or register familiar wi	red agent or both, in the state or in in, and accept the obligations of \$		(NO) E: Registered Agent signature reperc	ration submits this statement for the purport of directors. I hereby accept the appoint of when resulting	DATE
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THUE	PTD	DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, AMANCIO V		1.2 NAME		
STHEET ADDRESS	7280 LAGO DR. WEST	••	13 STHEET ADDRESS		
CITY_ST-7IP	CORAL GABLES FL 3314	43	1.4 City - S1 - ZiP 2.1 Title		Change Addition
19118	VPSD SUAREZ, AMANCIO J		2 2 NAME		
NAME STREET ADDRESS	THE NOTE BOOKING PILLED	1	2 3 STHEET ADDRESS	/	!
1	CORAL GABLES FL 3314		2.4 City - ST - Zi ²		
CIBY-SI-ZIP 1 DF	Anima Amma in an	☐ DELETE	3 1 111LF		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STHEFT ADDRESS		
CHY-SI-ZiP		——————————————————————————————————————	3 4 CITY - S1 - ZIP		Change Addition
1111.6		DELETE	4 1 Tille 4.2 NAME		
N/MB			4.3 STREET ADDRESS		
STREET ACORESS			4.4 CITY - ST - ZIP		
CIY SI-74F		DELETE			☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	5		5.3 STREET ADDRESS		
Offy \$1-70P			5 4 CHY-SY-ZIP		Change Addition
Trite		☐ DEFEI			
NAME		_	62 NAME		
STREET ADDRESS	5		63 STREET ADDRESS		

14. I do hereby cerbly 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 of supply nental 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 of 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 chapted, or on an advance of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)