

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 # P94000028903 (0)

1. Corporation Name

EDITORIAL ENTONCES CREAMOS, INC.

Principal Place of Business

4101 PINE TREE DRIVE
APT. 1620
MIAMI BEACH FL 33140

Mailing Address

4101 PINE TREE DRIVE
APT. 1620
MIAMI BEACH FL 33140

FILED

97 FEB 21 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2. Date Incorporated or Qualified
04/13/1994

3a. Date of Last Report
01/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 4405 N.W. 73 Ave.

27 Suite, Apt. #, etc.

28 Suite 030-871

29 City & State

30 Miami, Florida

31 Zip

32 33166

33 Country

34 USA.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNET, ANTONIETA P
4101 PINE TREE DR.
APT. 1620
MIAMI BEACH FL 33140

81 Name

Antonietta P. CORNET

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

4405 N.W. 73 AVENUE

83

Suite 030-871

84 City

Miami,

FL

85 Zip Code

33166

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 ANTONIETA PEREZ CORNET

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DE TANI, EMMA B 201
STREET ADDRESS 5122 N.W. 79TH AVE. APT 201
CITY-ST-ZIP MIAMI FL 33166

TITLE D ☐ DELETE
NAME PENALVER, BELKIS M
STREET ADDRESS 4101 PINE TREE DR. APT. 1620
CITY-ST-ZIP MIAMI BEACH FL 33140

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

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 4405 N.W. 73 AVENUE, Suite 030
2.4 CITY-ST-ZIP 871, Miami, Fla 33166

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 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: Antonietta P. CORNET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 1997 (305) 5346509
DATE DAYTIME PHONE #
PENALVER BELKIS M.

CR2E034 (12/95)