FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074290 (5)

1. Corporation Name
HESED PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
9192 CORAL WAY SUITE 201 MIAMI FL 33165	9192 CORAL WAY SUITE 201 MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 20080 NW 86CT	26 SAME
Suite, Apt. #, etc. 22 MIAMI	Suite, Apt. #, etc. 27
City & State 23 FL	City & State 28
Zip 24 33015 Country 25	Zip 29 Country 30

4. FEI Number: 65-0524245 ☐ 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 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
LORENZO, JAY J 9192 CORAL WAY SUITE 201 MIAMI FL 33165	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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	AZEL, CARMEN C	1.2 NAME	
STREET ADDRESS	20080 N.W. 86TH CT.	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	1.4 CITY ST ZIP	
TITLE	SVD	2.1 TITLE	☐ Change ☐ Addition
NAME	SARDINAS, ZEIDA	2.2 NAME	
STREET ADDRESS	801 N.W. 126TH PLACE	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33182	2.4 CITY ST ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	CARY, JANET	3.2 NAME	
STREET ADDRESS	2710 S.W. 96TH AVE.	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33165	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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: Carmen C. Azel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMEN C. AZEL
Date: 4/14/95 Daytime Phone #: (305) 8290905

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