FILE NOW: FILING FEE A			IG FEE AFT	FTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Morthann Confectory of State DIVISION OF CORPORATIONS				FILED May 22 1997 8:00am Secretary of State				
P	DCUN orporation RIMAS	1997 MENT # P9 AMIGAS PUBLISH	ing, inc.	8165 (5)		JNS			2			
Poncipal Place of Business 4445 W. 18TH AVE. SUITE 500 HIALEAH FL 33012			44 SL	Mailing Address 4445 W. 181H AVE. SUITE 500 HIALEAH FL 33012-7192								
							3.	Date Incorporated or Qualified 10/24/1994		ate of Last R 01/1996	leport	
2. P) 21	rincipal Pi	ace of Business	2a 26	. Mailing Address			4.	FEI Number 65-0540918			oplied For ot Applicable	-
Sı	Suite, Apt #, etc			Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75	Additional equired	1
22 Ci	ity & State	;	27	City & State		• . • •••	6.	Election Campaign Financing			May Be	
23 7	φ	Country	28	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8	Trust Fund Contribution This corporation has liability for	intangible		to Fees 5. 199.032	$\frac{1}{2}$
24		25 9. Name and Addres	29 29 Of Current Benly	stered Agent	30				Hes [] No		
		BERG, ROBERT A			B1	Name						1
		RNATIONAL PLACE, 1 SE 2ND ST.	21st floor		82	Şireet Ad	ddress (I	P.O. Box Number is Not Acceptal	ole)		<u> </u>	1
•		AI FL 33131			83						<u></u>	1
					84	City			FI	85 Zip	Code	1
	office or re agent. Lai NATURE	to the provisions of Secti egistered agent, or both, m familiar with, and acce Sterator, typed or preted early	in the State of Flori pt the obligations c	ida. Such change was a f, Section 607.0505, Flo	authorized by	the corpo 3.	oration's	on submits this statement for the poord of directors. I hereby acce	Durpose of pt the app	changing il ointment as	ts registered registered	
12.			FICERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFI			RS IN 12	(96/6)
	LADORESS	HARRIS, VIVIAN 4445 W. 16TH AVE. HIALEAH FL 33012	, suite 500		1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S] Change		CR2E034 (9
CITY-S TILE	51-20	D		DELETE	2.1 TITLE	1-21P				Change	Addition	- 5
NAME STREE CITY-S	LADDRESS ST- 2P	SATTINGER, KAREN 7000 SW 107TH ST MIAMI FL 33156			2.2 NAME 2.3 Street 2.4 City-1	1						
THUE			·····	DELETE	3.1 TITLE					Change	Addition	1
NAME STREE	LADDRESS				3.2 NAME 3.3 STREET	ADDRESS						
CHIY	ST - 719			DELETE	3.4. CITY	ST-ZIP				Change	Addition	4
T-TEE NAME					4 1 TITLE 4. 2 NAME				·	CT CHANGE		
	T ACORESS				4.3 STREET		. 1	•				
C TY-I THLE	ST-ZiP			DELETE	4.4 CITY - S 5.1 TITLE	IT-ZIP		······		Change	Addition	-
NAME					5.2 NAME							
S'REE CHTY-3	T ADDEESS S1 - Z6P				5.3 STREET 5.4 CITY-S							
TIFLE				DELETE	6.1 TITLE					Change	Addition	
NAME SUREF	TADORESS				6.2 NAME 6.3 STREET	ADDRESS						·
COV-1	I do herel	by certify that the information	tion supplied with t	his filing does not quali	6.4 City-s	motion sta	ited in Si	action 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the	-
i	informatio Lam an o'	ri indicated on this annu	al report or supplem propration or the re-	nental annual report is t beiver or trustee empow	true and accu vered to exec	irate and t	hat my s	ignature shall have the same leg equired by Chapter 607, Florida	al effect as	s if made un	ider oath; that	![
SIC	GNAT	URE:	SULLINT	MAME OF SIGNING OFFICER		Als.		4/30/97 (3	<u>os)</u>	STG-O	121	ļ