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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P95000006453 (1)**

1. Corporation Name
**EL COMERCIO PUBLISHING CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6555 N.W. 36TH STREET<br>SUITE 209<br>MIAMI FL 33166 | 6555 N.W. 36TH STREET<br>SUITE 209<br>MIAMI FL 33166-6900 |

3. Date Incorporated or Qualified: 01/25/1995
3a. Date of Last Report: 08/19/1996

2. Principal Place of Business
21 7270 NW 12th STREET (Suite, Apt. #, etc.)
22 SUITE 554 (City & State)
23 MIAMI, FLORID (Zip)
24 33126 (Country) 25 DADE

2a. Mailing Address
26 7270 NW 12th STREET (Suite, Apt. #, etc.)
27 SUITE 554 (City & State)
28 MIAMI,FLORIDA (Zip)
29 33126 (Country) 30 DADE

4. FEI Number: 65-0563625 ☐ 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
DE ACQUAVIVA, GUADALUPE M
6555 N.W. 36TH STREET
SUITE 209
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name: GUADALUPE M. DE ACQUAVIVA
82 Street Address (P.O. Box Number is Not Acceptable): 7270 NW 12th STREET,
83 SUITE 554
84 City: MIAMI FL 85 Zip Code: 33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DE MANTILLA, MORENA<br>6555 N.W. 36TH ST. SUITE 209<br>MIAMI FL 33166 ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>DE MANTILLA, MORENA<br>7270 N.W. 12th STREET, STE 554<br>MIAMI, FL 33126 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSVD<br>DE ACQUAVIVA, GUADALUPE M<br>6555 N.W. 36TH ST. SUITE 209<br>MIAMI FL 33166 ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | TSVD<br>DE ACQUAVIVA, GUADALUPE M<br>7270 NW 12th STREET, STE 554<br>MIAMI, FL 33126 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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.

**SIGNATURE:** X Morena Mantilla 1-16-97 305-594-9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #