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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049142 (9)

DEL LAGO PUBLISHING, INC.

Principal Place of Business Mailing Address

1711 NW 86TH AVENUE 1711 NW 86TH AVENUE
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

FILED Apr 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

(954) 771-8116

 Date Incorporated or Qualified 06/21/1995

2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 65-0620174 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Country Country 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALZATI, SERVANDO R 81 Name 1711 NW 86TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 84 City 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 priviled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE THILE Change Addition ALZATI, SERVANDO A NAME 1.2 NAME CR2E034 1711 NW 86TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 composition 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 charged jobs in an attachment with an address.