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 # P95000054219 (7)

1. Corporation Name

AMERICAN WAY MAGAZINE, INC.

Principal Place of Business
151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134

Mailing Address
~~151 MAJORCA AVENUE~~
~~SUITE C~~
~~CORAL GABLES FL 33134~~

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 15628 SW. 16 Street
Suite, Apt. #, etc.
27
City & State
28 Hollywood,
Zip 29 33027 Country 30 USA

4. FEI Number: 65-0599892 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

~~PORTER, CHARLES~~
~~151 MAJORCA AVENUE~~
~~SUITE C~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: JOEL SANDERS
82 Street Address (P.O. Box Number is Not Acceptable): 15628 SW 16th STREET
83
84 City: HOLLYWOOD FL 85 Zip Code: 33027

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: Joel Sanders — Signature typed or printed name of registered agent or its president if applicable — (NOTE: Registered Agent's signature required when filed alone) — DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	~~LOPES, RICARDO A~~	
STREET ADDRESS	~~151 MAJORCA AVENUE~~	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	
TITLE	CD	☐ DELETE
NAME	~~LOPES, RICARDO A~~	
STREET ADDRESS	~~151 MAJORCA AVENUE~~	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☒ Change ☐ Addition
1.2 NAME	LOPES, RICARDO A	
1.3 STREET ADDRESS	8214 NW 14 STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
2.1 TITLE	CD	☒ Change ☐ Addition
2.2 NAME	LOPES, RICARDO A	
2.3 STREET ADDRESS	8214 NW 14 STREET	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
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	300001832989	☐ Change ☐ Addition
5.2 NAME	-05/21/96--01123--040	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96 JR

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 04/24/96 — Daytime Phone #: (305) 477-1337

CR2E034 (12/95)