## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



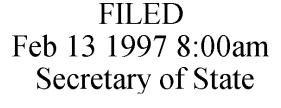
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000054219 (7)

AMERICAN WAY MAGAZINE, INC.



Principal Place of Business 151 MAJORCA AVENUE SUITE C CORAL GABLES FL 33134		Mailing Address 15628 SW 16 STREET HOLLYWOOD FL 33027-2345				
					<ol> <li>Date Incorporated or Qualified 07/10/1995</li> </ol>	d 3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0599892	Not Applicable  \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Count	ry	8. This corporation has liability for	or intangible tax under s. 199.032,
24	25 9, Name and Address of Cur	rent Registered Agent	30		Florida Statutes  10. Name and Address of New I	Yes No
CAN		Iour Hodistoren Whalit	8	1 Name	10. Hallo dila Addiess di New I	Indiana Mair
SANDERS, JUEL					rana (D.O. Day Ni mahasia Niak 4	Anhia\
HOLLYWOOD FL 33027			8	Z Street Addi	ress (P.O. Box Number is Not Accept	180ie)
			8	3		
			8	4 City		B5 Zip Code
11 Direijant	to the provisions of Sections 607 (	3502 and 607 1509 Florida Statu	toe the abo	la pamad corr	poration authorite this statement for the	FL B Expense of spanning its registered
office or r	egistered agent, or both, in the St	ate of Florida Such change was	authorized	by the corporat	tion's board of directors. I hereby acc	e purpose of changing its registered cept the appointment as registered
	im ramiliar with, and accept the or	algalions of, Section 607.0505, F	iorida Statut	es.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NO	IF: Registered A	gent signature requi	red when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	1 · - ·		1.1 TITLE			L. Change L. Addition
NAME	LOPES, RICARDO A 8314 NW 14TH ST.		1.2 NAME			
STREET ADDRESS	ANALE EL ADIAS		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	CD CD	☐ DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME	LOPES, RICARDO A		2.1 THE			C ondings C Notition
STREET ADDRESS	8314 NW 14TH ST.			ET ADDRESS	,	ı -
CITY - ST - ZIP	MIAMI FL 33126		2. 4 CITY			
TITLE		☐ DELETE	3.1 71TLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS		•	3.3 STRE	ET ADDRESS		
CITY - ST - ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	1		☐ Change ☐ Addition
NAME		•	4. 2 NAM	1		
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP		Delete	4.4 CITY			Colores Carrier
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change ☐ Addition
NAME STREET ADORESS			5.2 NAMI	[		
STREET ADDRESS				ET ADDRESS		
CITY-S1-ZIP TITLE	3.11	☐ DELETE	5.4 CITY 6.1 TITLE	<del></del>		Change Addition
NAME		C Secret	6.2 NAMI	i		E Smarge E Roution
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
0111 U1-411	L		0.4 GHT	31 EII		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 tustee 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 affactment with an address.