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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071123 (0)

AMERICANA MEDIA CONCEPT, INC.

PO BOX 831311 9240 SUNSET DR MIAMI FL 33283-1311 Suite 202 MIAMI FL 33173-2779 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 09/14/1995 4. FEI Number Mailing Address 2. Principal Place of Business Applied For P.O Box 65-0611880 26 10788 SW 75 TERL. 831322 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 City & State . City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees MAIM 28 MIAW Country Country 8. This corporation has liability for intangible tax under s. 199.032, A 2U USA Z Yes No Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIBERA, EUSEBIO -10000 GW 74 STREET 10788 SW. 75 MERC. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33173-2779 MIAN/F6.33173 83 84 Citv 85 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 proved name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. DELETE Change Addition 1.1 TITLE TITLE RIBERA, EUSEBIO 1.2 NAME NAME 10788 SW 75 TER. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - \$1 - 2(P) 1.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition D 2.1 TITLE TITLE RIBERA, NANCY 2.2 NAME NAME 10788 SW 75 TERR 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL DITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TOTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE A 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST 2IP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 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, even an attachment with an address.

EUSEBIO RIBERA