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 # P95000081048 (7)

1. Corporation Name

GRUPO EDITORIAL, INC.

Principal Place of Business	Mailing Address
10661 S.W. 88TH STREET #216 MIAMI FL 33176	10661 S.W. 88TH STREET #216 MIAMI FL 33176

3. Date Incorporated or Qualified: 10/23/1995
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
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0614938 ☐ 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

RIOS, LEOPOLDO
10661 S.W. 88TH STREET #216
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL 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 (Leopoldo Rios - VD) 04/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RIVAS, OSCAR		1.2 NAME	Oscar Rivas	
STREET ADDRESS	5601 COLLINS AVENUE #812-A		1.3 STREET ADDRESS	6505 NW 36th St, Suite 112	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	RIOS, LEOPOLDO		2.2 NAME	Leopoldo Rios	
STREET ADDRESS	15006 SW 104TH STREET #2515		2.3 STREET ADDRESS	15222 SW 27th Street	
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-ST-ZIP	Miramar, FL 33029	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	RIOS, ELSA C		3.2 NAME	Elsa C Rios	
STREET ADDRESS	15120 SW 104TH STREET #516		3.3 STREET ADDRESS	15222 SW 27th Street	
CITY-ST-ZIP	MIAMI FL 33196		3.4 CITY-ST-ZIP	Miramar, FL 33029	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	VALOZ, ALEJANDRO		4.2 NAME	Alejandro Valoz	
STREET ADDRESS	10641 HAMMOCKS BLVD. #3-37		4.3 STREET ADDRESS	6505 NW 36th St, Suite 112	
CITY-ST-ZIP	MIAMI FL 33196		4.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: (Elsa Rios - TD) 04/30/96 (305) [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)