

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081048 (7)

1. Corporation Name

GRUPO EDITORIAL, INC.



Principal Place of Business

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

Mailing Address

10661 S.W. 88TH STREET #216  
MIAMI FL 33176-1550

3. Date Incorporated or Qualified  
10/23/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1800 W 49TH ST

Suite, Apt. #, etc.

22 Suite 215

City & State

23 MIAMI FLORIDA

Zip

24 33012

Country

2a. Mailing Address

25 1800 W 49TH ST

Suite, Apt. #, etc.

27 Suite 215

City & State

28 MIAMI FLORIDA

Zip

29 33012

Country

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~~

1800 W 49TH ST  
SUITE #215  
MIAMI FL 33012

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

Signature of the principal officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD RIVAS, OSCAR	<input checked="" type="checkbox"/> DELETE
NAME	6555 NE 38TH ST SUITE 112	
STREET ADDRESS	MIAMI FL	
CITY - ST - ZIP		
TITLE	VD RIOS, LEOPOLDO	<input type="checkbox"/> DELETE
NAME	18262 SW 27TH STREET	
STREET ADDRESS	MIRAMAR FL	
CITY - ST - ZIP		
TITLE	TD RIOS, ELSA C	<input type="checkbox"/> DELETE
NAME	18262 SW 27TH STREET	
STREET ADDRESS	MIRAMAR FL	
CITY - ST - ZIP		
TITLE	SD VALOZ, ALEJANDRO	<input type="checkbox"/> DELETE
NAME	6555 NW 38TH ST SUITE 112	
STREET ADDRESS	MIAMI FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD RIOS, LEOPOLDO J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1800 W 49TH ST #215	
1.3 STREET ADDRESS	MIAMI FL 33012	
1.4 CITY - ST - ZIP		
2.1 TITLE	PD RIOS, LEOPOLDO G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1800 W 49TH ST #215	
2.3 STREET ADDRESS	MIAMI FL 33012	
2.4 CITY - ST - ZIP		
3.1 TITLE	TD RIOS, ELSA C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1800 W 49TH ST #215	
3.3 STREET ADDRESS	MIAMI FL 33012	
3.4 CITY - ST - ZIP		
4.1 TITLE	SD ALEJANDRO VALOZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1800 W 49TH ST #215	
4.3 STREET ADDRESS	MIAMI FL 33012	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, or on an attachment with an address.

SIGNATURE:

*Leopoldo Rios*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

305 5589669

Date

Daytime Phone

CR2E034 (9/96)