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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
4 O Publishing

960000 16533

Principal Place of Business

Mailing Address

19411 AIII) 5th Aunt

0 1	Ke Pinos, FL 33	Sam Paga	.		İ		
rembro	ke rings, PC 33					1	
					3. Date Incorporated or Qualified	3a. Date of Last R	Report
2. Principal	Place of Business	2a. Mailing A	2a. Mailing Address		FEDWARY 20, 1996	1 1/2	oplied For
21		— <u> </u>	26		65-0649205		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			¢0 7c	Additional
22		27	27		5. Certificate of Status Desired		equired
City & State		City & Sta	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		
Zip	Country	Zιρ	Coun	lry	8. This corporation has liability for in		. 199 032,
24	25 Some and Address	29] s of Current Registered Age	30			Yes No	
	T. Haille and Address	s of Current Registered Age		11 Name A	10. Name and Address of New Reg	istered Agent	
				HIL	berto Guintana		
			6	Street Addr	ess (P.O. Box Number is Not Acceptable (NW 54 Street	3)	
				3	11 1000 34 2 /ree)		
i			8	4 City	roke Price	FI 85 Zip (
11. Pursuar	nt to the provisions of Section	ns 607.0502 and 607.1508, F.	orida Statutes, the abo	wo-named corn	aration submits this statement for the ou	roope of phagoing it	529 s registered
office o	ir regi stered agent, o r both, i	n the State of Florida, Such cl	ianoo was authorized l	hy the corporati	ion'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	Signature, typed or printed name of	registered agent and title if applicable	(NOTE Registered A	igent signature require	ed when reinstating)	DATE	
12.	OFF	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	President 1		DÉLETE 11 TILLE			☐ Change	Addition
NAME	Alberto Guintos	Ma	1.2 NAM	f			
STREET ADDRESS	s roull NW 50 3	r.	1.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	Pambroke Pines	, FL 33027	14 CITY				
TITLE	Vive President	_	DELETE 21 TITLE			Change	Addition
NAME Lisette M. Guistava STREET ADDRESS 19411 NW SS St.		ana	2 2 NAMI				1
STREET ADDRESS	Rembioke lines,	CI 22000		FT ADDRESS			
CITY-ST-ZIP TITLE	REMDIENE TINES	PL 53027	DELETE 3. TITLE	'-ST-7(P		Change	Addition
NAME			3.2 NAM			L orange	
STREET ADDRESS	s			ET ADDRESS			
CITY-ST-ZIP			34 CITY				Ì
TITLE			DELETE 41 THE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			4. 2 NAM	1E			
STREET ADDRESS	s		4.3 STRE	F1 AODRESS			
CITY-ST-ZIP	<u> </u>		4.4 CHY-	- S1 - 7iP		/	
TITLE			DELETE 5.1 TITLE			Change	Add tion
NAME			5.2 NAMI	1		/// / /	(/
STREET ADDRESS	5		5.3 STR(IT ADDRESS		16 /n/2	7/(こつ)
CITY-ST-ZIP			5.4 CHY-	- +		1/4/2/	//X
TITLE			DELETE 61 TITLE		മനനാരമർ	Change -	Addition
NAME			G 2 NAME		800002 2 0 -06/11/970100	16047	
STREET ADDRESS	8			F1 ADDRESS	***165.00	ter more to	ļ
CiTY-ST-ZiP	oby castify that the informati	on supplied with this files do	64 CITY		in Cool on 110 07/2\(\text{t}) Etarida Statutas	16 40 26 46 4	

The tribe section in the mornisulor sopphied with this limit does not qualify for the exemption stated in Section 1.19 07(3)(i), Florida Statutes. Truthor contry 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 attanhment with an address.

SIGNATURE:

FILED

Jun 03 1997 8:00am

Secretary of State