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 # P96000018936 (0)

LATIN TRADEMARK PUBLISHING, INC.

Principal Place of Business

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



8270 NW 168 STREET MIAMI FL 33014				8270 NW 168 STREET MIAMI FL 33016-3465											
										3. Date Inco	996	r Qualifie	d 3a.	Date of Las	l Report
2. Principal Pl	lace of Busin	ess	26	. Mailing Addre	oss				4	FEI Numb	per		- • .		Applied For
21			26	<u> </u>						65 -	067	(5 ~		Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #,	etc.				5	. Certificate	of Status	Desired			5 Additional
City & State			27	City & State					Fee Required 6. Election Campaign Financing \$5.00 May Be						
23			20	28					١,		Jampaign i d Contribul	_			JU May Be ed to Fees
Zip Country						ountry			8. This corporation has liability for intangible tax under s. 199.032,						
24 25				29 30					Florida Statutes Yes No						
		and Address of Cu	rrent Regi	stered Agent					10). Name an	d Address	of New	Registere	d Agent	
	IUDI, OSCA						81	Name							
	NW 168 S						82	Street Ac	dress	(P.O. Box N	umber is N	ot Accen	table)		······································
MIAI	MI FL 3301	4						791		NN	16		76	RA.	
• •							83								
	Λ						84	City	# La a		•			85 Z	ip Code
44 Durament	10 10001010	ons of Sections 607.	Acas easi	CO7 1609 Floric	to Ctatutos	the of		named o	C 47	ion cubmite	thic statem	ont for th		L S	3 01 C
office or re	egistere i g	ent, or both, in the S th, and accept the o	tate of Floi	rida. Such chan	ge was au	thorize	d by	the corpo	ration's	board of d	rectors. I h	ereby ac	copt the a	ppointment	as registered
	m familia (Mi	n, and a scept the o	bligations i	or, Section 607.	USUS, FIOR	ida Siai	utes	•				4	1-25	5-9	7
SIGNATURE	Signature yped	or printer name of registere	d agent and lit	le it applicable	(NO1E	Registeres	i Ager	al signature re-	dated wit	en reinstating)			DATE		<i>r</i>
12.		OFFICERS	AND DIRE	CTORS		13.				ADDITION	S/CHANGE	S TO OF	FICERS A	ND DIRECT	ORS IN 12
TITLE	D DOOLD COOLD			☐ DECETE 1.1 TO			LF							Chang	je 🔲 Addition
NAME	DERUDI,					1.2 N/	IM!								
STREET ADDRESS		168 STREET		1.3 \$1			REEL	ADDRESS							
CITY-ST-ZIP	MIAMI FL	33014		T br			1Y-S1	1 - ZIP							
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NAME						2.2 N		. mobine							
STREET ADDRESS							ADDRESS								
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TITLE]			☐ DE	LETE	5 1 TI								Chang	e L Addition
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CITY-ST-ZIP			1 3 70	5 - 6 - 3	· · · · · · · · · · · · · · · · · · ·	0.4 (7)	TY-SI	<u> </u>			orico di El			_	

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 the almost control supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of this control is reported by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13 if granding, or on an attachment with an address.