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May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053917 (6)

1. Corporation Name

SOUTH FLORIDA PUBLISHER CORP.



Principal Place of Business

9443 FOUNTAINBLEU BOULEVARD SUITE 209
MIAMI FL 33172

Mailing Address

9443 FOUNTAINBLEU BOULEVARD SUITE 209
MIAMI FL 33172-5542

3. Date Incorporated or Qualified

06/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 10101 W Okeechobee Rd

2a. Mailing Address

26 10101 W Okeechobee Rd

4. FEI Number

65-0674368

Applied For

Not Applicable

Suite, Apt. #, etc

22 # 20-201

Suite, Apt. #, etc

27 # 20-201

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Hialeah Gardens, FL

City & State

28 Hialeah Gdrns

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33016

Country

25 DADE

Zip

29 33016

Country

30 DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME CABRERA, GUSTAVO A
STREET ADDRESS 9443 FOUNTAINBLEU BOULEVARD SUITE 209
CITY- ST- ZIP MIAMI FL 33172

TITLE VTD
NAME VALDES, REINALDO M
STREET ADDRESS 9443 FOUNTAINBLEU BOULEVARD SUITE 209
CITY- ST- ZIP MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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:

Gustavo A. Cabrera President

May 14, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)