## 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 # P96000066645 (8)

DOS DIMA PUBLISHERS, INC.

## FILED May 12 1997 8:00am Secretary of State

Principal Plac 18308 N.W. 18 PEMBROKE PI	TH STREET	Mailing Address 16306 N.W. 18TH STREET PEMBROKE PINES FL 33028-1730							
					3. Date incorporated or Qualified 08/09/1996	3a. Da	te of Last R	eporl	]
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	FEI Number Applied For			
21		26						ot Applicable	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>-</del>		6. Certificate of Status Desired		\$8.75 A		
City & State		City & State	¬		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country 25	7ip 29	30 Cour	itry	This corporation has liability for Florida Statutes	r intangible i ☐ Yes ☐		. 199.032,	]
ļ. <u></u>	9. Name and Address of Curren	l Registered Agent			10. Name and Address of New F	Registered A	gent		.]
PEDERSEN, CAROLY			'	B1 Name					
	1 stirling road Lauderdale Fl		Ī	B2 Street Ad	ldress (P.O. Box Number is Not Accept	able)			1
! "	CHOPETIONICS I E		Į.	B3		- <del></del>			1
			<u> </u>	84 City			85 Zip (	Code	-
			i		•	<u>FL</u>			
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agont, or both, in the State im familiar with, and accept the obliga	2 and 607,1508, Florida Statut of Florida. Such change was a ulions of, Section 607,0505, Flo	es, the ab authorized orida Statu	ove-riamed co by the corpor ites.	orporation submits this statement for the ration's board of directors. I hereby acc	ept the appo	changing it sintment as	s registered registered	
SIGNATURE									
12,	Signature, lyped or printed name of registered agont and tilk if apyt-catals: (NO1)  OFFICERS AND DIRECTORS		13.	Agent signature ret	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE OCERS AND	DIRECTOR	RS IN 12	16
TITLE	D DEIFTE		1.1 7171	.F			Change	Addition	90/0
NAME	DIAZ, RAFAEL		1.2 NAM	ME					_
STREET ADDRESS 1717 N. BAYSHORE DR. #3232		2	1.3 \$1						10.1
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY+ ST-7IP						٦ĕ
TITLE	AMARTILIA ALPOPDO		21101	Ī			L Change	Addition	10
NAME OTOGET ADDRESSO	16308 N.W. 18TH STREET		2.2 NAM						
STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL 33028		1	EET ADDRESS					}
TITLE	V 200000	DELFTE	2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition	1
NAME			32 NA	ļ			2	= "	1
STREET ADDRESS	ODRESS		3.3 \$1B	EET ADDRESS		÷			
CHTY-ST-ZIP			3.4. CIT	Y - \$1 - ZIP					]
TITLE		☐ DELETE	4.1 711	.t			Change	Addition	
NAME			4. 2 NA	1					-
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		DELFTE		Y-S1-2IP			Change	Addition	-
TITLE NAME		☐ pr() ((	5.2 NA	1			_1 outside	LT VOIIION	1
STREET ADDRESS				EFT ADDRESS					
CITY-ST-ZIP			1	Y-S1-7IP					
TITLE		DELETE	6.1 1/11		**************************************		Change	Addition	1
NAME			6.2 NA	ME			-		1
STREET ADDRESS			1	EFT ADDRESS					
CITY-ST-ZIP	:			Y-ST-ZIP					.]
14. I do here	by certify that the information supplied	with this filing does not quali	fy for the c	exemption state	led in Section 119.07(3)(i), Florida Statu	tes Hurther	certify that	the	1

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the correlation, or the receiver or sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in changes, or on an attainment with an address.