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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048937 (1)

PUBLISHING & EXPO BUREAU, INC.

Principal Place of Business Mailing Address 999 PONCE DE LEON 8LVD., #715 999 PONCE DE LEON BLVD., #715 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30, 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 999 PONCE DE LEON BLVD., #715 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 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, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE D DELETE Change Addition 1.1 TITLE NAME PADIAL, JOSE I 1.2 NAME 999 PONCE DE LEON BLVD., #715 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 217IIIF 2.2 NAME STREET ADDRESS 23 STREET ADDRESS

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5.4 CITY - ST - ZIP

44 CitY-ST-ZiP

3.4. CITY - ST-ZIP

3.1 TITLE

3 2 NAME

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6.1 TITLE 6.2 NAME

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64 CITY-ST-ZIP

14. I 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 is 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 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 acceiver or trustee emporated 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 or an attachment with an address.

CICNIATURE.

CITY-ST-ZIP

STREET ADDRESS

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TITLE

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Jou I. Paris

4/98 305-443-801

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FILED

Feb 11 1998 8:00am

Secretary of State