

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

**FILED**  
**Jun 17, 1999 8:00 am**  
**Secretary of State**

06-17-1999 90005 027 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000008890**

1. Corporation Name  
**SPANISH PUBLISHING AND MARKETING, INC.**



Principal Place of Business 5880 W. 20TH AVENUE HIALEAH FL 33016	Mailing Address 5880 W. 20TH AVENUE HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/26/1998</b>	
4. FEI Number <b>65-0813568</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**DE FRANCISCO, ALEJANDRO**  
 5880 W. 20TH AVENUE  
 HIALEAH FL 33016

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>6912 NW 46<sup>th</sup> ST.</b>
83.	
84. City	<b>MIAMI</b>
85. Zip Code	<b>FL 33166</b>

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: *Alejandro de Francisco* **Alejandro de Francisco** **06/08/99**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DE FRANCISCO, ALEJANDRO</b>
STREET ADDRESS	<b>5880 WEST 20TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MERINO, ARMANDO</b>
STREET ADDRESS	<b>5880 WEST 20TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VILLAZON, SANTIAGO</b>
STREET ADDRESS	<b>5880 WEST 20TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GARCIA, ED</b>
STREET ADDRESS	<b>5880 WEST 20TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6912 NW 46<sup>th</sup> ST</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33166</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>6912 NW 46<sup>th</sup> ST.</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33166</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>6912 NW 46<sup>th</sup> ST</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33166</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE: *Alejandro de Francisco* **Alejandro de Francisco** **06/08/99** **308-883-7777**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)