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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000015124

DI BLASIO PUBLISHING, INC.

Principal Place of Business

Mailing Address

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90123 042 \*\*\*150.00



15000 S.W. 76TH CT. MIAMI FL 33158	15000 S.W. 76TH CT. MIAMI FL 33158		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 02/16/1998				
2. Principal Place of Business	2a. Mailing Address	31 TELLAYE	4. FEI Number	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	2,	5 Contiferto of Status Desired \$8.	75 Additional se Required			
City & State	City & State			.00 May Be Ided to Fees			
Zip Country	Zip Con 29 33172 30	untry 215A	8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
GUERRA, RITA		81 Name					
175 FONTAINBLEAU BLVD.		82 Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL		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.

agont: rai	Training that are accept the sanganana and accept the							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	E: Registered Agent signature	required when reinstating)	DATE		—		
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TMLE			☐ Change	☐ Addition		
NAME	DI BLASIO, RAUL	1.2 NAME	,					
STREET ADORESS	15000 S.W. 76TH CT.	1.3 STREET ADDRESS				-		
CITY-ST-ZIP	MIAMI FL 33158	1.4 C/TY-ST-ZIP						
TITLE	S □ DELETÉ	2.1 TITLE	•	•	Change	☐ Addition		
NAME	DELGADO, LILLIAN	2.2 NAME						
STREET ADDRESS	3020 S.W. 121ST AVE.	2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	Į					
TITLE	☐ DELETE	3.1 TITLE		., *	Change	☐ Addition		
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS		•				
CITY-ST-ZIP		3.4. CITY-ST-ZIP		n				
TITLE	☐ DELETE	4.1 TITLE		•	☐ Change	Addition		
NAME		4. 2 NAME				1.0		
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE			☐ Change	Addition		
NAME		5.2 NAME		• • •	-			
STREET ADDRESS		5.3 STREET ADDRESS				į		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<u> </u>				
TITLE	☐ DELETE	6.1 TITLE	: '		` ☐ Change	☐ Addition		
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS				ļ		
CITY-ST-ZIP		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 of the exemption 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 of the exemption and that my name appears in Block 12 or Block 13 if changed, or on an adactagent with a graduate with all other like empowered.

**SIGNATURE:** 

CHATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

RESIDENT: 1000 Plats 1000 Plats Proper # 1000 Plats Plats

(26/11) #CDITY