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 # S24300

(3)

GOAL PUBLICATIONS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

169 LINCOLN ROAD. #203 MIAMI FL 33139 P.O. BOX 522422 MIAMI EL 33152-2422

FILED Apr 29 1997 8:00am Secretary of State



MIRMI FL 3313	•	MINMI TE SSIJETEE						
					3. Date Incorporated or Qualified 01/10/1991		of Last F 0/1996	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	-1	A	pplied For
21		26		******	65-0308627			ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zip	Country	Zip	Count	гу	8. This corporation has liability for in	st eldipotete		
24	25]	29	30				No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	gistered A	genl	
	z silva, rosangela		8	1 Name				
	0 W. 53RD ST.		8	2 Street Add	iress (P.O. Box Number is Not Acceptable	le)		
HIAL	EAH FL 33012		L					
			8	3				
estina e e			8	4 City		 -	85 7 ip	Code
00000			<u>_</u>			FL		
office or re agent. I a	registered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized i forida Statul	ve-named cor by the corpora es.	poration submits this statement for the pration's board of directors. I hereby accep	urpose of C I the appoi	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NO)) Hegistered A	gent signature requ	pired where reinstating)	DA1[
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES 10 OFFIC	ERS AND I	DIRECTO!	
TITLE	P	ROSANGELA	1.1 TITLE				Change	☐ Addition
NAME		NUSANGELA	1.2 NAM					
STREET ADDRESS	1820 W. 53RD CT.		1.3 STRE	E1 ADORESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY	ST-ZIP				· — · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	2.1 TITLE			L	Change	Addition
NAME		·	2.2 NAMI	ŧ				
STREET ADDRESS			2.3 STRE	FT ADDRESS	,			
CITY-ST-ZIP		T program	2 4 CITY				-	
TITLE		☐ DELFTE	311111	1		Į.	Change	Addition
NAME			3 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY			r	Change	Addition
NAME		m berut	4.1 TiTLE 4. 2 NAM				Ti ∩iiaiiĀ&	LI AGORDO
STREET ADDRESS				E1 ADDRESS				
					·			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Т	Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS	t			
CITY-ST-ZIP			5.4 CHY	1				
TITLE		DELETE	6.1 HILF				Change	Addition
NAME		hand process in	6.2 NAM					
STREET ADDRESS				ET ACIDRESS	•			
CITY-ST-ZIP			6.4 C/1Y	I .				
DITE - D1-71			■ 0.4 UH	- 01-210 1				

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 eath; 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.

nululat (205) (22, 7897