

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:49

DOCUMENT # **S26974** (3)

1. Corporation Name
J.C. MACEDO, FOREIGN NEWSPAPERS & MAGAZINES DIST S., INC.

Principal Place of Business Mailing Address
7359 NORTHWEST 7TH STREET MIAMI FL 33126 **16461 W DIXIE HWY N MIAMI BCH FL 33160 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/23/1991	3a. Date of Last Report 03/15/1994
4. FEI Number 65-0235954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent MACEDO, JULIO CESAR 5578 SOUTHWEST 112TH TERRACE COOPER CITY FL 33330		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
B5 Zip Code		FL	

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 of the registered agent or registered agent and list of directors

Signature of the registered agent or registered agent and list of directors

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MACEDO, JULIO CESAR	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5578 S.W. 112TH TERRACE	12 NAME	
STREET ADDRESS	COOPER CITY FL	13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE STD	MACEDO, SUSANA	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5578 S.W. 112TH TERRACE	22 NAME	
STREET ADDRESS	COOPER CITY FL	23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make void any other authority that any officer or director of the corporation or the officer 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.

SIGNATURE: *Julio Cesar Macedo*
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR

1/17/95
Date Registered Agent