

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

FILED  
May 27 1998 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra D. Northing</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 848832**  
 1. Corporation Name  
**S & S Publishing Corporation**

Principal Place of Business      Mailing Address  
**S & S Publishing Corporation      Same**  
**7310 SW 4th Street**  
**Miami, Fl. 33144**

DO NOT WRITE IN THIS SPACE

|                                                 |                  |                         |                  |                                                                                                                                                                        |                                                        |
|-------------------------------------------------|------------------|-------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business                  |                  | 26. Mailing Address     |                  | 3. Date Incorporated or Qualified<br><b>April 30, 1991</b>                                                                                                             |                                                        |
| 21. Suite, Apt. #, etc.                         | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number<br><b>65-0265512</b>                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable |
| 23. Zip                                         | 24. Country      | 26. Zip                 | 27. Country      | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                              | <b>\$8.75 Additional Fee Required</b>                  |
| 28. Zip                                         | 29. Country      | 26. Zip                 | 27. Country      | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                        | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. Name and Address of Current Registered Agent |                  |                         |                  | 9. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

**Frank Sotolongo**  
**7310 SW 4th Street**  
**Miami, Fl. 33144**

|                                                        |
|--------------------------------------------------------|
| 10. Name and Address of New Registered Agent           |
| 01. Name                                               |
| 02. Street Address (P.O. Box Number is Not Acceptable) |
| 03. City                                               |
| 04. State <b>FL</b> 05. Zip Code                       |

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 is 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 placed (name of registered agent and title) (if applicable)

(DATE Registered Agent Signature required when renewing)

DATE

| 12. OFFICERS AND DIRECTORS |                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>Owner</b> <input type="checkbox"/> Delete | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Frank Sotolongo</b>                       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>7310 SW 4th Street</b>                    | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>Miami, Fl. 33144</b>                      | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete              | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                              | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                              | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                              | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete              | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                              | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                              | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                              | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete              | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                              | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                              | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                              | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete              | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                              | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                              | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                              | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete              | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                              | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                              | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                              | 6.4 CITY-ST-ZIP                                       |                                                                   |

**800002538558**  
**-05/28/98--01024--013**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not violate the provisions of Section 119.07(3)(f), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and correct 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 liquidator thereof and I am executing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with my address.