

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 102770 (5)
1. Corporation Name
SOUTHEASTERN PRINTING COMPANY, INC.



Principal Place of Business: 3601 SE DIXIE HWY, STUART FL 34995, US
Mailing Address: 8600 NW 36TH STREET, 8TH FLOOR, MIAMI FL 33166, US

3. Date Incorporated or Qualified: 09/21/1925
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-0467860
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country
29. Zip, 30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 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. Said 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: _____ Date: _____

12. OFFICERS AND DIRECTORS
 CD MAS, JORGE (DELETE)
 8600 NW 36TH STREET 8TH FLOOR MIAMI FL
 S DAMON, NANCY (DELETE)
 8600 NW 36TH STREET, 8TH FLOOR MIAMI FL
 PD HADDAD, E. JOAN (DELETE)
 3601 SE DIXIE HWAY STUART FL
 VD ANTHONY, ROBERT F. (DELETE)
 2392 CRAWFORD COURT LANTANA FL
 VTD VALDES, CARLOS (DELETE)
 8600 NW 36TH STREET, 8TH FLOOR MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1. TITLE, 12. NAME, 13. STREET ADDRESS, 14. CITY - ST - ZIP
 2. TITLE, 22. NAME, 23. STREET ADDRESS, 24. CITY - ST - ZIP
 3. TITLE, 32. NAME, 33. STREET ADDRESS, 34. CITY - ST - ZIP
 4. TITLE, 42. NAME, 43. STREET ADDRESS, 44. CITY - ST - ZIP
 5. TITLE, 52. NAME, 53. STREET ADDRESS, 54. CITY - ST - ZIP
 6. TITLE, 62. NAME, 63. STREET ADDRESS, 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 119.07(3)(k), 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.

SIGNATURE: *Nancy J. Damon* Nancy J. Damon 4-896 305-599-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)