

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

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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 Mailing Address  
**3601 SE DIXIE HWY  
STUART FL 34995  
US** **8600 NW 36TH STREET  
8TH FLOOR  
MIAMI FL 33166-6648  
US**

3. Date Incorporated or Qualified **09/21/1925** 3a. Date of Last Report **04/24/1996**  
4. FEI Number **59-0467860** Applied For Not Applicable  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **3155 NW 77th Ave**  
22 City & State 27 **Miami FL**  
23 Zip Country 29 **33122** 30 **US**

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 Name  
82 Street Address (P. O. Box Number is Not Acceptable)  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAS, JORGE</b>	1.2 NAME	
STREET ADDRESS	<b>8600 NW 36TH STREET 8TH FLOOR</b>	1.3 STREET ADDRESS	<b>3155 NW 77th Ave</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>MIAMI FL 33122</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAMON, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>8600 NW 36TH STREET, 8TH FLOOR</b>	2.3 STREET ADDRESS	<b>3155 NW 77th Ave</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	<b>MIAMI FL 33122</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDAD, E. JOAN</b>	3.2 NAME	
STREET ADDRESS	<b>3601 SE DIXIE HWAY</b>	3.3 STREET ADDRESS	<b>P</b>
CITY - ST - ZIP	<b>STUART FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTHONY, ROBERT F.</b>	4.2 NAME	
STREET ADDRESS	<b>2392 CRAWFORD COURT</b>	4.3 STREET ADDRESS	<b>V</b>
CITY - ST - ZIP	<b>LANTANA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES, CARLOS</b>	5.2 NAME	
STREET ADDRESS	<b>8600 NW 36TH STREET, 8TH FLOOR</b>	5.3 STREET ADDRESS	<b>3155 NW 77th Ave</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	<b>MIAMI, FL 33122</b>
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	

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 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 or changed, or on an attachment with an address.

SIGNATURE: *Nancy J. Damon* **Nancy J. Damon 1-9-97 305-599-1800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)