

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **350395** (0)

1. Corporation Name

KUBANEY PUBLISHING CORPORATION



Principal Place of Business

3016 NW 79TH AVE.
P.O. BOX 527950 (33152)
MIAMI FL 33122

Mailing Address

P.O. BOX 527950
MIAMI FL 33152
US

3. Date Incorporated or Qualified 08/06/1969	3a. Date of Last Report 01/19/1995
4. FEI Number 59-1574647	Applied For 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

SAN MARTIN, TONY
14001 HARPERS FERRY ST
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name **SAN MARTIN, MATTHEW**
82 Street Address (P.O. Box Number is Not Acceptable)
10248 N.W. 82 TERR.
83
84 City **MIAMI** FL 85 Zip Code **33178**

11. Pursuant to the provisions of Sections 607.0602 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 Officer or Director)

(Signature of Registered Agent, required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DON, ROSITA A	
STREET ADDRESS	7200 NORTH OAKMONT DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SAN MARTIN, TONY	
STREET ADDRESS	14001 HARPERS FERRY ST.	
CITY - ST - ZIP	DAVID FL	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	SAN MARTIN, MATTHEW	
STREET ADDRESS	8920 LAKE DRIVE, #120	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DON, FRANK J	
STREET ADDRESS	7200 NORTH OAKMONT DR	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	500001742655
13 STREET ADDRESS	-03/14/96--01017--019
14 CITY - ST - ZIP	***200.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	D, P, TO. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	10248 N.W. 82 TERR.
34 CITY - ST - ZIP	MIAMI, FL. 33178
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

(305) 591-7684

CR2E034 (12/95)

9 PM 3-10-96