

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 JAN 25 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 359150 (0)**

1. Corporation Name

**INTERNATIONAL PRESS OF MIAMI INC**

Principal Place of Business

Mailing Address

7491 NW 8TH STREET  
MIAMI FL 33126

7491 NW 8TH STREET  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/06/1970

05/31/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-1291542

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUHI, JOAQUIN  
9700 SW 77TH ST.  
MIAMI FL 33173**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **ST**  
NAME: **RUHI, CONRAD**  
STREET ADDRESS: **10285 SW 83 TERR**  
CITY-ST-ZIP: **MIAMI, FL 00000**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE: **V**  
NAME: **RUHI, JOAQUIN, JR**  
STREET ADDRESS: **7891 SW 94 COURT**  
CITY-ST-ZIP: **MIAMI, FL 00000**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

TITLE: **P**  
NAME: **RUHI, JOAQUIN**  
STREET ADDRESS: **9700 SW 77TH ST**  
CITY-ST-ZIP: **MIAMI, FL 00000**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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 included, or on an attachment with an address.

SIGNATURE: *[Signature]*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOAQUIN RUHI, PRES.**

**1/17/95**

**(305) 261-6086.**