

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. M...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 359150 (0)

1. Corporation Name
INTERNATIONAL PRESS OF MIAMI INC



Principal Place of Business Mailing Address
7491 NW 8TH STREET MIAMI FL 33126

3. Date Incorporated or Qualified **02/06/1970** 3a. Date of Last Report **01/25/1995**
4. FEI Number **59-1291542**
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. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. City 30. City

9. Name and Address of Current Registered Agent
**RUHI, JOAQUIN
9700 SW 77TH ST.
MIAMI FL 33173**

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 607.0507 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 _____ DATE _____
Agent Signature required when registering

12. OFFICERS AND DIRECTORS

12.1	ST	<input type="checkbox"/> DELETE
NAME	RUHI, CONRAD	
STREET ADDRESS	10285 SW 93 TERR	
CITY, ST, ZIP	MIAMI, FL 00000	
12.2	V	<input type="checkbox"/> DELETE
NAME	RUHI, JOAQUIN, JR	
STREET ADDRESS	7891 SW 94 COURT	
CITY, ST, ZIP	MIAMI, FL 00000	
12.3	P	<input type="checkbox"/> DELETE
NAME	RUHI, JOAQUIN	
STREET ADDRESS	9700 SW 77TH ST	
CITY, ST, ZIP	MIAMI, FL 00000	
12.4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	ZIP - 33176	
CITY, ST, ZIP		
13.2		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	ZIP - 33173	
CITY, ST, ZIP		
13.3		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	ZIP - 33173	
CITY, ST, ZIP		
13.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
13.5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as indicated, on an attachment with an address.

SIGNATURE: *[Signature]* **JOAQUIN RUHI Pres.** *[Signature]* **4/22/96** 305-261-6086
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)