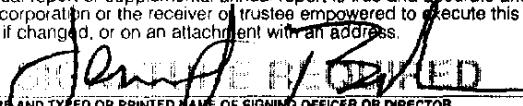


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 19 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 # 399947 (1) 1. Corporation Name BEBER, SILVERSTEIN & PARTNERS ADVERTISING, INC.			
Principal Place of Business 3361 S.W. 3RD AVE. MIAMI FL 33145		Mailing Address 3361 S.W. 3RD AVE. MIAMI FL 33145-3911	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 04/25/1972		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-1401652		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			
9. Name and Address of Current Registered Agent MADORSKY, MARSHA G. 2665 S. BAYSHORE DRIVE SUITE 603 MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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			
TITLE	D	☐ DELETE	
NAME	SILVERSTEIN, ELAINE		
STREET ADDRESS	2000 S BAYSHORE DR, #35		
CITY-ST-ZIP	MIAMI FL		
TITLE	CD	☐ DELETE	
NAME	BEBER, JOYCE		
STREET ADDRESS	2843 S BAYSHORE DR PH 2F		
CITY-ST-ZIP	MIAMI FL		
TITLE	S	☐ DELETE	
NAME	SILVERSTEIN, ELAINE		
STREET ADDRESS	2000 S. BAYSHORE DR #35		
CITY-ST-ZIP	MIAMI FL		
TITLE	P	☐ DELETE	
NAME	BEBER, JENNIFER		
STREET ADDRESS	2843 S BAYSHORE DR #PH2F		
CITY-ST-ZIP	MIAMI FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	☐ Change ☐ Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	☐ Change ☐ Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	☐ Change ☐ Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	☐ Change ☐ Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	☐ Change ☐ Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	☐ Change ☐ Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

2-12-97 (305) 856-9800

Date Daytime Phone #

0206473