

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M09007**

(9)

1. Corporation Name:

INDEPENDENT PUBLISHING COMPANY, INC.

Principal Place of Business:

10371 SW 44TH ST.
MIAMI FL 33165

Mailing Address:

10371 SW 44TH ST.
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date incorporated in (jurisdiction)
12/14/1984

3a. Date of this Report
05/01/1994

2. Principal Place of Business:

21

2a. Mailing Address:

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

23

28

Zip

29

Zip

24

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, YVETTE G.
2121 PONGE-DE-LEON BLVD.
#400
CORAL GABLES FL 33134

81 Name

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

1099 Ponce de Leon

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

12

12. OFFICERS AND DIRECTORS:

NAME	PD INCLAN, HILDA
STREET ADDRESS	10371 SW 44 ST.
CITY, STATE, ZIP	MIAMI FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	

14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated at Section 807.0505, 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 in person with that that an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an affidavit with an address.

SIGNATURE:

Hilda Inclan
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

May 1, 95 305-221-3186
DATE