

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 MAY -1 AM 3:13

**DOCUMENT # P94000045848 (6)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name:  
**PAPA PUBLICATIONS, INC.**

Principal Place of Business: **3530 MYSTIC POINTE DRIVE #3214 AVENTURA FL 33180**  
Mailing Address: **3530 MYSTIC POINTE DRIVE #3214 AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/15/1994	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FCI Number	4a. Applies For
23. City & State		28. City & State		65-0499589	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
7. This corporation has liability for intangible tax under 5-196(1)(2) Florida Statutes					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BAKER, RONALD G 4875 PONCE DE LEON BLVD. STE. 301 CORAL GABLES FL 33146</b>				81. Name			
				82. Street Address, P.O. Box Number is Not Applicable			
				83.			
				84. City			
				FL	85. Zip Code		

11. Pursuant to the provisions of Section 190.01(2)(b) and 190.01(3)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent to both in the State of Florida. Such change was authorized by the corporation's board of directors, if thereby, or by the appointment as registered agent, if authorized with and in compliance with Section 190.01(2)(b) Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDRESS OF EACH OFFICER, DIRECTOR, AND REGISTERED AGENT	
12.1	D NAME: <b>LAWSON, VIRGINIA S</b> STREET ADDRESS: <b>3530 MYSTIC POINTE DRIVE, #3214</b> CITY & STATE: <b>AVENTURA FL 33180</b>	13.1	1. NAME 2. STREET ADDRESS 3. CITY & STATE
12.2	D NAME: <b>VATTES, CYNTHIA W</b> STREET ADDRESS: <b>ROUTE 1, BOX 175-4</b> CITY & STATE: <b>NIXA MO 65714</b>	13.2	4. NAME 5. STREET ADDRESS 6. CITY & STATE
12.3		13.3	7. NAME 8. STREET ADDRESS 9. CITY & STATE
12.4		13.4	10. NAME 11. STREET ADDRESS 12. CITY & STATE
12.5		13.5	13. NAME 14. STREET ADDRESS 15. CITY & STATE
12.6		13.6	16. NAME 17. STREET ADDRESS 18. CITY & STATE
12.7		13.7	19. NAME 20. STREET ADDRESS 21. CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(2)(b) Florida Statutes. I further certify that the information included 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 registered agent (registered) to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or in an attachment with an address.

SIGNATURE: *Virginia S. Lawson* **VIRGINIA S. LAWSON** 4/23/95 305/935-7047