

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000058460 (3)

1. Corporation Name

SOUTHEASTERN BINDING EQUIPMENT, INC.



Principal Place of Business

2555 COLLINS AVENUE
SUITE 6
MIAMI BEACH FL 33140

Mailing Address

2555 COLLINS AVENUE
SUITE 6
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
07/28/1995

3a. Date of Last Report
NEW BUSINESS

2. Principal Place of Business

2a. Mailing Address

21 5087 West St.

26 2555 Collins Ave

4. FEI Number

65-0600110

Applied For

Not Applicable

22 Forest Park, GA.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip 30050

25 Country U.S.A.

29 Zip 33140

30 Country U.S.A.

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

JOSEPH, ALLAN A
1600 SOUTH EAST 17TH STREET
SUITE 300
FORT LAUDERDALE FL 33316

81 Name

Same

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

1428 Bridell Avenue, Eighth Floor

83

Milton, FLORIDA

84 City

FL

85 Zip Code

3331

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's signature required when resigning)

DATE

Joseph A. Joseph, Registered Agent 4/19/96

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: Anibal Muñoz
STREET ADDRESS: 7124 Southlake Prwy
CITY-ST-ZIP: Morrow, Ga. 30260

TITLE: Treasurer
NAME: Amalia Piedrahita
STREET ADDRESS: 7124 Southlake Prwy
CITY-ST-ZIP: Morrow, Ga. 30260

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: [Blank] Change Addition
12 NAME: [Blank]
13 STREET ADDRESS: [Blank]
14 CITY-ST-ZIP: [Blank]

21 TITLE: [Blank] Change Addition
22 NAME: [Blank]
23 STREET ADDRESS: [Blank]
24 CITY-ST-ZIP: [Blank]

31 TITLE: [Blank] Change Addition
32 NAME: [Blank]
33 STREET ADDRESS: [Blank]
34 CITY-ST-ZIP: [Blank]

41 TITLE: [Blank] Change Addition
42 NAME: [Blank]
43 STREET ADDRESS: [Blank]
44 CITY-ST-ZIP: [Blank]

51 TITLE: [Blank] Change Addition
52 NAME: [Blank]
53 STREET ADDRESS: [Blank]
54 CITY-ST-ZIP: [Blank]

61 TITLE: [Blank] Change Addition
62 NAME: [Blank]
63 STREET ADDRESS: [Blank]
64 CITY-ST-ZIP: [Blank]

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 changed, or on an attachment with an address.

SIGNATURE:

Anibal Muñoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/96

Daytime Phone #

404 608-8431

CR2E034 (12/95)