

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 14 AM 8:05**

**DOCUMENT # V07577 (2)**

1. Corporation Name  
**SPRING PUBLISHING GROUP, INC.**

Principal Place of Business Mailing Address  
**1601 CLINT MOORE ROAD SUITE 204 BOCA RATON FL 33487 US**  
**3010 CANTERBURY DRIVE BOCA RATON FL 33434 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/17/1992</b>	3a. Date of Last Report <b>07/14/1994</b>
4. FEI Number <b>65-0341628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
State, Apt. #, etc. <b>22</b>	State, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>25</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**CIVITA, CESAR M  
18244 CLEAR BROOK CIR.  
BOCA RATON FL 33498**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>CIVITA, CARLOS</b>
STREET ADDRESS	<b>3010 CANTERBURY DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>V</b>
NAME	<b>CIVITA, CESAR M</b>
STREET ADDRESS	<b>18244 CLEAR BROOK CIR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>T</b>
NAME	<b>TELLES, MARINA C</b>
STREET ADDRESS	<b>3010 CANTERBURY DDR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>S</b>
NAME	<b>PAGE, KENNETH R</b>
STREET ADDRESS	<b>1114 AVENUE OF THE AMERICAS</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T CARLA CIVITA</b>
3.3 STREET ADDRESS	<b>3010 CANTERBURY DRIVE</b>
3.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33434</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S OSCAR ECHEVERRY</b>
4.3 STREET ADDRESS	<b>1801 CLINT MOORE ROAD # 204</b>
4.4 CITY-ST-ZIP	<b>BOGA-RATON, FL. 33434</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(5), 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, 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 of this report.

SIGNATURE: **OSCAR ECHEVERRY, Secretary** 3-9-95 407-2410992