

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

23 Zip

25 **U.S.A.**

28 **MIAMI BEACH, FL.**

30 **U.S.A.**

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

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

10. Name and Address of New Registered Agent

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 **33311**

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]* (Allan A. Joseph, Registered Agent) DATE: **4/19/96**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Anibal Muñoz	
STREET ADDRESS	7124 Southlake Prwy	
CITY-ST-ZIP	Morrow, Ga. 30260	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Amalia Piedrahita	
STREET ADDRESS	7124 Southlake Prwy	
CITY-ST-ZIP	Morrow, GA. 30260	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *[Signature]* DATE: **4/15/96** DAYTIME PHONE #: **404 608-8431**

CR2E034 (12/95)