

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90142 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 350395**

1. Corporation Name  
**KUBANEY PUBLISHING CORPORATION**



Principal Place of Business <b>3016 NW 79TH AVE. P.O. BOX 527950 (33152) MIAMI FL 33122</b>	Mailing Address <b>P.O. BOX 527950 MIAMI FL 33152 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/06/1969</b>	
4. FEI Number <b>59-1574647</b>	Applied For <input type="checkbox"/> Yes <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	
9. Name and Address of Current Registered Agent <b>SAN MARTIN, MATTHEW 10240 N.W. 52 TERR. MIAMI FL 33178</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>9803 NW 43 TERRACE</b> <b>83</b> <b>84</b> City <b>MIAMI</b> <b>85</b> Zip Code <b>FL 33178</b>	

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 signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>DPTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SAN MARTIN, MATTHEW</b>		1.2 NAME
STREET ADDRESS <b>10240 N.W. 52 TERR.</b>		1.3 STREET ADDRESS <b>9803 NW 43 TERRACE</b>
CITY-ST-ZIP <b>MIAMI FL 33178</b>		1.4 CITY-ST-ZIP <b>MIAMI - FLORIDA 33178</b>
TITLE <b>C</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSITA, DON</b>		2.2 NAME
STREET ADDRESS <b>4680 W 17 CT</b>		2.3 STREET ADDRESS
CITY-ST-ZIP <b>HIALEAH FL</b>		2.4 CITY-ST-ZIP
TITLE <b>C</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANK, DON</b>		3.2 NAME
STREET ADDRESS <b>4680 W 17 CT</b>		3.3 STREET ADDRESS
CITY-ST-ZIP <b>HIALEAH FL</b>		3.4 CITY-ST-ZIP
TITLE <b>M</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SAN MARTIN, TONY</b>		4.2 NAME
STREET ADDRESS <b>4241 S.W. 106 TR</b>		4.3 STREET ADDRESS
CITY-ST-ZIP <b>DAVE FL</b>		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered 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, with all other like empowered.

SIGNATURE:  **REQUIRED**

**2-3-99 (305) 477-4184**