

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR 30 AM 8:34

**DOCUMENT # 594572 (0)**

1. Corporation Name

**DOUGLAS ENTRANCE PRINTING COMPANY**

Principal Place of Business

Mailing Address

800 DOUGLAS ENTRANCE  
NORTH TOWER, SECOND FLOOR  
CORAL GABLES FL 33134  
US

800 DOUGLAS ENTRANCE  
NORTH TOWER, SECOND FLOOR  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/04/1978**  
3a. Date of Last Report **02/07/1994**

4. FEI Number **59-1866940**  
Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

2. Principal Place of Execution

2a. Mailing Address **C/o Spillis Candela**

21. **800 Douglas Entrance**

26. **800 Douglas Entrance**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. **Coral Gables, FL**

24. Zip

Country

29. **33134**

Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPILLIS, PETER J.**  
**800 DOUGLAS ENTRANCE, 2ND FL.**  
**10**  
**CORAL GABLES FL 33134**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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 acknowledge, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(Signature must be printed name of the director, agent and officer, if applicable)

(Signature of Registered Agent (signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SPILLIS, PETER J
STREET ADDRESS	10700 SNAPPER CREEK ROAD
CITY, ST, ZIP	MIAMI FL
TITLE	SD
NAME	SPILLIS, ELECTRA
STREET ADDRESS	10700 SNAPPER CREEK ROAD
CITY, ST, ZIP	MIAMI FL
TITLE	VTD
NAME	CANDELA, HILARIO F.
STREET ADDRESS	10900 S.W. 53RD AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	SD
NAME	CANDELA, EVA. (ASST)
STREET ADDRESS	10900 S.W. 53RD AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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)(b), 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, on an attachment with an address.

SIGNATURE:

*[Signature]*

PETER J. SPILLIS

3/27/95

305-444-4691

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

Date

Telephone Number