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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:36

DOCUMENT # **G77584** **(2)**

1. Corporation Name
LIZANA PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
C/O 1409 FLORIAN DR. (NW 7TH ST.) DANIA FL 33004	C/O 1409 FLORIAN DR. (NW 7TH ST.) DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1983	3a. Date of Last Report: 07/28/1994
4. FEI Number: 59-2509408	☐ 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. The corporation has a duty for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1089 S.E. 6 AVE.	26 P.O. Box 128
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DANIA, FL.	28 City & State: DANIA, FL.
24 Zip: 33004 25 Country: U.S.A.	29 Zip: 33004 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

JENNE, KENNETH C.
633 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 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 _____ (Signature (typed or printed) name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☑ Addition
NAME	LIZANA, ROSALIE M.	12 NAME	
STREET ADDRESS	~~1409 NW 7TH ST.~~	13 STREET ADDRESS	1089 S.E. 6 AVE.
CITY ST ZIP	DANIA FL	14 CITY ST ZIP	DANIA, FL. 33004
TITLE	VT	21 TITLE	☐ Change ☑ Addition
NAME	LIZANA, ROSALIE M.	22 NAME	
STREET ADDRESS	~~1409 NW 7TH ST.~~	23 STREET ADDRESS	1089 S.E. 6 AVE.
CITY ST ZIP	DANIA FL	24 CITY ST ZIP	DANIA, FL. 33004
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: Rosalie M. Lizana 4/8/95 (305)925-4227
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROSALIE M. LIZANA

0422082 FP