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

PROFIT **CORPORATION ANNUAL REPORT**

1997

DITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39019

SELBON ADVERTISING AND PROMOTIONS, INC.

Principal Place of Business Mailing Address 7805 8.W. 71ST AVE 7805 S.W. 71ST AVE MIAMI FL 33143-4314 MIAMI FL 33143 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1988 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2923084 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutos X Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BARRENECHE, J MICHAEL 81 Name 9485 SUNSET DR #A252 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 500 **MIAMI FL 33173** 83 84 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 tion if applicable (NOTE Brigistered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TITLE 1.1 TITLE Change ___ Addition NOBLES, J.E., JR. NAME 1.2 NAME 7805 S.W. 71ST AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZiP 1.4 CHY-S1-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIF DELFTE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2IP DELETE TITLE Change Addition 6.1 1111.6 NAME G.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 City - ST- ZIP 14. I do 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 angual 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 on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 inchanged, or of an airchmeption in address.

FILED

May 07 1997 8:00am

Secretary of State