

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:41**

DOCUMENT # L41585 (5)

1. Corporation Name
STANDARD PRESS, INC.

Principal Place of Business	Mailing Address
16602 NORTH MIAMI AVE. MIAMI FL 33169	C/O ABBEY ABIODUN QUADRI 5419 NW 21ST AVE. MIAMI FL 33142-3068

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/10/1990	3a. Date of Last Report 01/03/1995
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEJ Number	Applied For
21	26	65-0170003	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

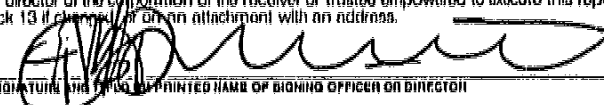
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
QUADRI, ABBEY ABIODUN 5419 N.W. 21ST AVENUE MIAMI FL 33142		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
	85 Zip Code		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUADRI, ABBEY ABIODUN I.	1.2 NAME	
STREET ADDRESS	5419 NW 21ST AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUADRI, BEVERLY NEWSOME	2.2 NAME	
STREET ADDRESS	5419 NW 21ST AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **8/1/95 (305) 544 9820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida Phone #