

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**'PROFIT'
 CORPORATION
 ANNUAL REPORT
 1996**



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

DOCUMENT # L41585 (5)

1. Corporation Name
STANDARD PRESS, INC.



Principal Place of Business: **16602 NORTH MIAMI AVE. MIAMI FL 33169**
 Mailing Address: **C/O ABBEY ABIODUN QUADRI 5419 NW 21ST AVE. MIAMI FL 33142**
No more!!!

2. Principal Place of Business: **16602 North Miami Ave**
 2a. Mailing Address: **16602 North Miami Ave**
 21. Suite, Apt. #, etc.
 26. Suite, Apt. #, etc.
 22. City & State: **MIAMI, FL.**
 27. City & State
 23. Zip: **33169** Country: **FL.**
 28. Zip: **33169** Country: **FL.**
 24. Zip: Country: 25. Zip: Country: 29. Zip: Country: 30.

3. Date Incorporated or Qualified: **01/10/1990**
 3a. Date of Last Report: **08/08/1995**
 4. FEI Number: **65-0170003**
 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. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**QUADRI, ABBEY ABIODUN
 5419 N.W. 21ST AVENUE
 MIAMI FL 33142**

10. Name and Address of New Registered Agent
 81 Name: **ONAYEMI, MICHAEL, O.**
 82 Street Address (P.O. Box Number is Not Acceptable): **15430 S.W. 106 AVE**
 83
 84 City: **Miami** FL 85 Zip Code: **33157**

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 willing to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Date: **02/09/96**

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	QUADRI, ABBEY ABIODUN I.	
STREET ADDRESS	5419 NW 21ST AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	QUADRI, BEVERLY NEWSOME	
STREET ADDRESS	5419 NW 21ST AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ONAYEMI, MICHAEL, O.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	ONAYEMI, MICHAEL, O.	
13 STREET ADDRESS	15430 S.W. 106 AVE	
14 CITY - ST - ZIP	MIAMI, FL, 33157	
21 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* **06/26/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E03# (3/96)