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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **L60840** **(0)**

1. Corporation Name
PRIMA PUBLISHING CORP.

Principal Place of Business	Mailing Address
10100 NW 25TH ST MIAMI FL 33172	10100 NW 25TH ST MIAMI FL 33172-2203

3. Date Incorporated or Qualified: **03/29/1990**
3a. Date of Last Report: **03/27/1996**

2. Principal Place of Business — 21 — Street Address — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Street Address — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: **65-0194208** ☐ 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

9. Name and Address of Current Registered Agent

BRUNJES, ROBERT F
10100 NW 25TH ST
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33172

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE — ☐ Change ☐ Addition
NAME	BRUNJES, ROBERT F		1.2 NAME
STREET ADDRESS	10751 SW 27TH ST		1.3 STREET ADDRESS
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP
TITLE	V	☐ DELETE	2.1 TITLE — ☐ Change ☐ Addition
NAME	BOHORQUES, JOSE A		2.2 NAME
STREET ADDRESS	9385 SW 21ST ST		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP
TITLE	ST	☒ DELETE	3.1 TITLE — ☐ Change ☐ Addition
NAME	BENITEZ, ALFRED F		3.2 NAME
STREET ADDRESS	1415 SW 119TH CT		3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP
TITLE	P	☐ DELETE	4.1 TITLE — ☐ Change ☐ Addition
NAME	GELFAND, ARTHUR		4.2 NAME
STREET ADDRESS	111 CLARK RD		4.3 STREET ADDRESS
CITY-ST-ZIP	BERNARDSVILLE NJ		4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE — ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE — ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (9/96)

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 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 added to this report with an address.

SIGNATURE: _____ 3/21/97 309-592-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232599