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

CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

ANN	UAL REPORT 1997	Sec	Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
1, Gorporati		27 (3)		•					
CIPHIA	NO ADVERTISING, INC.					I ARBERON DEN NORM DONE ARBER MEN 1884	l Anam alam b'	SOLI BARKE ONDA	818 11 1 88 1
Deigning' Die	an of Il winder	Moling Address	·						
,		4500 BISCAYNE BLVT	C/O VINCENT R. CIPRIANO 4500 BISCAYNE BLVD. MIAMI FL 33137-8227						
						3. Date Incorporated or Qualified 06/06/1990		te of Last Ri 16/1996	eport
	Place of Business	2a. Mailing Address				4, FEI Number		Ap	plied For
Suite, Apt	# pic	Suite, Apt. #, etc	-,			65-0200604			t Applicable
22	(4, 00.	27	•			5, Certificate of Status Desired		\$8.75 A	
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23	Country	28		to	·	Trust Fund Contribution		Added t	
Zip 24	Country	Zip 29	30	untry		This corporation has liability for Florida Statutes	intangible f		199.032,
<u> </u>	g. Name and Address of Cu		1301	Τ		10. Name and Address of New Re			
CIF	PRIANO, VINCENT R.			81	Name		****		
4500 BISCAYNE BLVD.					Street Add	dress (P.O. Box Number is Not Accepta	ble)		
MU	AMI FL			L					
				83	1				
				84	City		FL	85 Zip (Code
agent. I SIGNATURE	am familiar with, and accept the c					rporation submits this statement for the ation's board of directors. I hereby acce	DATE		
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TULE	PD CIPRIANO, VINCENT R.	☐ DELETE		ITLE				Change	↓ Addition
NAME SYREET ADDRESS	ARAN DIAMANAP BILLIO			AME	T ADDRESS				
CITY - S1 - ZIP	MIAMI FL				ST-ZIP				
TITLE		☐ DELETE			51- ZIF		-,	Change	Addition
NAME.			2.2 1	NAME				•	-
STREET ADDRESS	i [2.3 9	TREE	T ADDRESS				
CITY-ST-2IF		arra; -4************************************	2.4	CITY-	ST-ZIP				
THEF		L. DELETE			}			Change	Addition
NAME				IAME	1				
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NAME				name	ſ				
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CITY-SI-ZIP				ITY :	ST-ZIP				
TITLE		☐ DELETE]			Change	Addition
NAME				IAME					
STREET ADDRESS					T ADDRESS				
TIGE		DELETE		OTU.	ST-ZIP			Change	Addition
NAME		F., P., C.	•	NAME	1				
STREET ADDRESS					T ADORESS				
CUTY - ST - ZIP					SI-2IP				

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 porporation or this 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 15 if charged or of an attachment with an address.

SIGNATURE: