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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

CIPRIANO ADVERTISING, INC.

FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			i Babin diben birih bibin ikali	
C/O VINCENT R. CIPRIANO 4500 BISCAYNE BLVD. MIAMI FL 33137	C/O VINCENT R. CIPRIANO 4500 BISCAYNE BLVD. MIAMI FL 33137		DO NOT WRITE IN THIS	SPACE	
MINNI FL 9019/			3. Date Incorporated or Qualified 06/06/1990	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
201 Sevilla Ave.	26 201 Sevilla	Avenue	65-0200604	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State . Coral Gables, Fl.	City & State Coral Gables	, F1.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 4 33134 25 Dade	29 33134 30	ountry Dade	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible X Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CIPRIANO, VINCENT R. 4500 BISCAYNE BLVD.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL			Sevilla Avenue		
VIII 2111 1 E		B3			
		84 City Coral		33134	
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob 	ate of Florida, Such change was authorize	ed by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	f changing its registered pointment as registered	
SIGNATURE	,, ,				
Signature, typed or printed name of registered 12. OFFICE RS A		red Agent signature require		DIDECTORS (N. 40	
OFFICERS AND DIRECTORS 13		717.7	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		

CIPRIANO, VINCENT R. 1.2 NAME 4500 BISCAYNE BLVD. 1.3 STREET ADDRESS 201 Sevilla Avenue STREET ADDRESS MIAMI FL Coral Gables, Fl. CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4,1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 in precipion 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 or in anytic ment with an address.

SIGNATURE:

25-448-6646