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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M04925 (7)

AMERICAN PRESS, CORP.

FILED Apr 24 1998 8:00am Secretary of State

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						HTBAR BIBAH BIBAH BIBAH BABAH BIBAH FROM
Principal Place of Business Mailing Address						
6914 STIRLING ROAD 6914 STIRLING ROAD						
HOLLYWOOD FL 33024 HOLLYWO		HOLLYWOOD FL 33024	LLTWOOD FL 33024		DO NOT WRITE IN THIS SPACE	
		00			3. Date Incorporated or Qualified]
					09/10/1984	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2448051	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				£0.75 Additional
22	22 27				5. Certificate of Status Desired	Fee Required
City & Stat	City & State City & State			8. Election Campaign Financing	\$5.00 May Be	
23		28				Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid	the current year Intangible
24	25	29	30		Personal Property Tax due June 30	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regis	stered Agent
	ANCHEZ, JOSE A., JR.		81	Name		
39	00 W SAILBOAT DR		82	Street Add	dress (P.O. Box Number is Not Acceptable	,
C	DOPER CITY FL 33026		-	Oli COL MAC	stood (* .o. box rtoribor in the riboration)	′
			83			
			84	City		85 Zip Code
				City		FL '
office or e agent. I a	Signalure, typed or printed name of registererlage	ent and title if applicable (NOTE	ida Siaidies	5 .	rporation submits this statement for the pur ation's board of directors. I hereby accept t uired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	SANCHEZ, JOSE A. JR.		1.2 NAME			
STREET ADDRESS	3900 W. SAILBOAT DR.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY - S	T - ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE			Change Addition
NAME	SANCHEZ, BARBARA T.		2.2 NAME			
STREET ADDRESS	3900 W. SAILBOAT DR.		2.3 STREET	ADORESS		
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY-	ST- ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME	1		3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY - ST - ZIP			3.4. CITY -	ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			l
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	Ì	☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	IT - ZIP		

14. I 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 on an attachment with an address.

4-17-98

(954)963-3886