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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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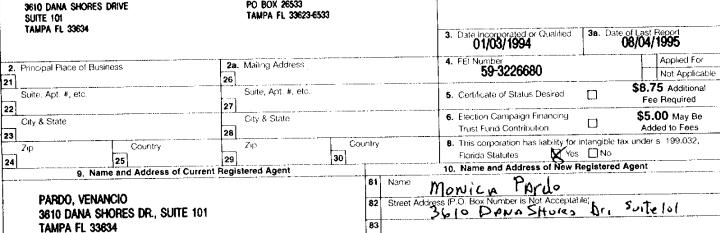
DOCUMENT # Corporation Name.

US-PRESS, INC.

Mailing Address Principal Place of Business

3610 DANA SHORES DRIVE

PO BOX 26533



84 Cty Tampa FL 85 Ztp Code 33 C3 4

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.

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. Lam

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P A DELETE	1 1 TILE	Treasurer Secretary	☐ Change	Addition
NAME	PARDO, VENANCIO	1.2 NAME	monica Pardo		
STREET ADDRESS	3610 DANA SHORES DRIVE, SUITE 101	1.3 STREET ADDRESS	Monica Pardo 340 Dana Shortar		
City-S1-ZiP	TAMPA FL 33634	1.4 CITY - ST - ZIP	Tompo F1 33634		-
TILE	DELETE	2 1 TITLE	President	Change	Addition
NAME		2.2 NAME	PATRICIA PARID		
STREET ADDRESS		2.3 STREET ADDRESS	By 10 DAWS SAVE MI.		
CITY - ST - ZIP		2.4 CITY - ST - ZIP	TAMPA #1 33634		
TITLE	DELETE.	3 1 THE	,	☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADORESS		3.3 STREET ADDRESS			
CITY-SI-ZIP		3.4 CITY - ST - ZIP			
TITLE	DELETE	4 1 1100		☐ Change	Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS	İ		
CiTY · S1-ZiP		4.4 CiTY · ST-ZiP			
TillE	DELETE	5 1 THILE		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	Add tion
NAME I		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
City.St.7iP		6.4 CHTY - 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MONISONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Movice Paros