


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90051 049 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000086369

1. Corporation Name
US-PRESS, INC.



| | |
|--|--|
| Principal Place of Business 3610 DANA SHORES DRIVE SUITE 101 TAMPA FL 33634 | Mailing Address PO BOX 26533 TAMPA FL 33623-6533 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---|
| 2. Principal Place of Business | | 2a. Mailing Address | 3. Date incorporated or Qualified 01/03/1994 |
| 21 | 22 | 26 | 4. FEI Number 59-3226680 |
| Suite, Apt. #, etc. | | 27 | Applied For Not Applicable |
| City & State | | 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | 24 | 29 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip | Country | 30 | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| PARDO, MONICA 3610 DANA SHORES DR., SUITE 101 TAMPA FL 33634 | | 81 Name | 85 Zip Code |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83 | |
| | | 84 City | |

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 | TS <input type="checkbox"/> DELETE | 1.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARDO, MONICA | 1.2 NAME | |
| STREET ADDRESS | 3610 DANO SHORES DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARDO, PATRICIA | 2.2 NAME | |
| STREET ADDRESS | 3610 DANA SHORES DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | V-P Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Cristino L. Perez |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1109 W. Waters Ave., Suite A |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Tampa, Fl 33604 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | V-P Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Venancio Pardo |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 3610 Dana Shores Dr, Tampa, Fl |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: Monica Pardo Monica Pardo 4/29/99 813-307-9710
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)