

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32301

APPROVED
JAN 11 1996

DOCUMENT # P94000002512 (9)

SOUTHERN PRESS SUPPLIERS, INC.

RECEIVED
JAN 11 1996
TALLAHASSEE, FLORIDA

% WHITE & CASE
200 S BISCAYNE BLVD SUITE 4900
MIAMI FL 33131

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200 S BISCAYNE BLVD SUITE 4900
MIAMI FL 33131

For First With Primary Term: \$225.00

2. Principal Place of Business		2a. Mailing Address		3. Date of Filing (Month/Day/Year)		3a. Number of Registered Agents	
21. 5400 SW 73 Street		26. 5400 SW 73 Street		01/11/1994			
22. Suite 103		27. Suite 103		4. FIF Number		Applied For / Not Applicable	
23. Miami, FL		28. Miami, FL		65-0470773			
24. 33143		29. 33143		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
25. USA		30. USA		6. Election Campaign Financing / Trust Fund Contributions		☐ \$5.00 May Be Added to Fees	
				8. This corporation has liability for delinquent tax under 22-109417 / Florida Statute		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE HALL CORPORATION SYSTEM, INC. 110 N MAGNOLIA DR SUITE 105 TALLAHASSEE FL 32301				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3. City			
				B4. State FL B5. Zip/Zip Ext			

11. I, the undersigned, the president of the corporation, certify that the above named corporation complies this statement for the purpose of changing its registered office or registered agent in both the State of Florida. No exchange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the requirements of the laws of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: President Isabel E. Custer 3155 SW 54 Avenue Miami, FL 33143		NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
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NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	

14. I, the undersigned, certify that these individuals support with their signatures and are qualified to be registered agents for the corporation. I have been duly sworn in the State of Florida. I am familiar with and accept the requirements of the laws of the State of Florida.

SIGNATURE: Isabel Edwards ISABEL EDWARDS TV 27 95 (305) 666-0363
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR