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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS							
DOCUM 1. Corporation N	MENT # P94 Name (PRESS COURIER, INC	100001319 c.	1 (9)				INGU SIGUR TRUBS INGU KRAN
Principal Place o	of Business	Mailing Addres	SS			.,,	
B314 NW 14 Miami Fl	ST	8314 NW 1 Miami Fl	4 ST				
WIND IL					3. Date incorporated or Qualified 02/14/1994	3a. Date of La	est Report 1/1995
2. Principal Plac	ce of Business	2a. Mailing Ad-	dress		4. FEI Number	00/0	Applied For
21		26			65-0473963		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & Stat	6		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30	Country	This corporation has liability for Florida Statutes	intangible tax und	ders 199.032,
:4	9. Name and Address of (and a second residue of the second se			10. Name and Address of New F	Registered Agen	it
				81 Name	Joel Sanders		
PRATS, GABRIEL				82 Street Add	oss (P.O. Box Number is Not Acceptable)		
	JORCA AVE			83	15628 SW 1614 ST	reet	
CORAL	GABLES FL 33134			63			
	•			84 City 1-1	allywood	FI 85	マスカナーフ
11. Pursuarit to or registere familiar with	o the provisions of Sections of ad agent, or both in the state on an and accept the state on co	7.0502 and 607.1508, Flor of Florida. Such change wa if Section 612 et al., Florid	ida Statutes, the as authorized by la Statutes.	above-named corporation's boa	oration submits this statement for the purard of directors. I hereby accept the app	rpose of changing ointment/as regis	g its registered office stered agent. I am
SIGNATURE _	Signature, typico or for and name of regis	red agent and the if applicable	(NOTE: Regi	stered Agont signature require	ed when rainstating)	DATE	<i>D</i>
12.	1 DEPICE	RS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD			1. 1 TITLE		Ch	ange 🔲 Addition
NAME	BARZEL, JOSEPH			1.2 NAME			
STREET ADDRESS	8314 NW 14 ST MIAMI FL			1.3 STREET ADDRESS 1.4 CITY - ST- ZIP			
CITY-ST-ZIP TITLE	VD		ELETE	2. 1 TITLE		Ch	ange Addition
NAME :	LOPES, RICARDO A.			2 2 NAME	•		
STREET ADDRESS	8314 NW 14 ST			2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			iange [] Addition
TITLE	VD		ELE1E	3 1 TillE		☐ Ch	range [] Apolition
NAME PTOTET ADDRESS	LOPES, RICARDO A 8314 NW 14 ST			3.2 NAME 3.3. STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			3.4 CHY-ST-ZIP			
TITLE	MILWIN I L			4 1 TITLE		□ Ct	ange 🔲 Addition
NAME		_		4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY - ST - ZIP		F1 0:	none [7] Addition
TITLE				5. 1 TITLE		Ct	nange 🔲 Addition
NAME ATTIET ADDRESS			Ī	5.2 NAME			
STREET ADDRESS				5.4 City-St-ZiP			
CITY - ST - ZIP TITLE		<u> </u>	DELETE	6 1 TITLE		□ C	nange Addition
NAME				62 NAME			
STREET ADDRESS			ı	63 STREET ADDRESS			
CITY-ST-ZIP				6.4 CHTY - \$1 - 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 and all 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 of distance 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/96 (

305) (17.133)