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

P94000014837 (6)

Principal Place of Business	Mailing Address		
5709 SW 142 AVE MIAMI FL 33183-1010	5709 SW 142 AVE MIAMI FL 33183-1010		
2. Principal Place of Business	2a. Mailing Address		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		
Solle, Apr. #, etc.	3010, Apr. #, 610.		

FILED Feb 03 1998 8:00am Secretary of State

BSD PU	JBLISHING, INC.					
Principal Plac	e of Business	Mailing Address			-{	TOTOR HIDT RIBBLIONOU HIST INDU (BD):
5709 SW 142	AVE	5709 SW 142 AVE				
MIAMI FL 33183-1010 MIAMI FL 33183-1010			DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualified	THIOGRACE
					02/24/1994	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26				65-0471764	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
27 City & State City & State				a Florida Comunica Florida	Fee Required	
City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 3	
	g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regi	stered Agent
HAI	RT, JOSEPH		81	Name		
570	5709 SW 142 AVE			Street Addre	ess (P.O. Box Number is Not Acceptable))
MIA	MI FL 33183-1010		-			
			83			
			84	City		FL 85 Zip Code
44 Pureuent	to the provisions of Sections 607 (1502 and 607 1508 Florida Ste	tutes the above	named corp	oration submits this statement for the num	
office or r	egistered agent, or both, in the St	ate of Morida. Such change we	as authorized by t	he corporation	oration submits this statement for the pur on's board of directors. I hereby accept	the appointment as registered
l	m tamiliar with, and accept the ob	ligations of Section 607 U.U.S.	Fibrida Statutes.	Trac	CON. HORD	1-27-98
SIGNATURE	Signature, typed or printed name tyregistered	Hent and title if applicable. (I	NOTE: Registered Agent	signature require	d white reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	VP C	☐ DEL ete	1.1 TITLE			Change Addition
NAME	GRAFF, MICHAEL		1.2 NAME			
STREET ADDRESS	8621 SW 86 COURT		1.3 STREFT A	DORESS		
CITY-ST-ZIP	MIAMI FL 33143	T bevere	1.4 City-St-	ZIP		Change Addition
TITLE			2.1 TITLE			Change Addition
NAME	HART, JOSEPH 5709 SW 142ND AVE.		2.2 NAME	DODECC		
STREET ADDRESS	MIAMI FL 33183		2.3 STREET A			
CITY-ST-ZIP	WIMMI FL 33103	DELETE	2. 4 CITY - ST 3.1 TITLE	- ZIP		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	DDRESS		
CITY-ST-ZIP			3.4. CITY - ST			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	DDRESS		
CITY-\$1-ZIP			4.4 CITY - ST-	ZIP		
TITUE		☐ DELETE	5.1 TITL€			Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET A	DDRESS		
CITY-ST-ZIP		IT be see	5.4 CITY - ST-	ZIP		Change Addition
TITLE		DELETE	6.1 TITL€			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A			
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.