

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000023945 (6)**

1. Corporation Name

THE COMMUNICATIONS PUBLISHING ASSOCIATES, INC.



Principal Place of Business

**175 FONTAINEBLEAU BLVD.
SUITE 1-A2
MIAMI FL 33172**

Mailing Address

**175 FONTAINEBLEAU BLVD.
SUITE 1-A2
MIAMI FL 33172**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**VELAZQUEZ, MANNY
175 FONTAINEBLEAU BLVD.
SUITE 1-A2
MIAMI FL 33172**

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0483972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE

Standard typeset printed name of the person appointed as the agent.

Signature of Registered Agent (must be handwritten)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D VELAZQUEZ, MANUEL P**
STREET ADDRESS **175 FONTAINEBLEAU BLVD. #1-A2**
CITY-STATE-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE
NAME **D VELAZQUEZ, MANRIT**
STREET ADDRESS **175 FONTAINEBLEAU BLVD. #1-A2**
CITY-STATE-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE
NAME **D GIMENEZ, LUIS H**
STREET ADDRESS **13237 N.W. 4TH TERRACE**
CITY-STATE-ZIP **MIAMI FL 33182**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 in the 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.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96
Date

305-224-9992
Daytime Phone

CR2E034 (12/95)