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FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33172-4511

3. Date Incorporated or Qualified  
03/29/1994

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

21 7700 N. Kendall Dr

Suite, Apt. #, etc.

22 604

23 City & State Miami FL

24 Zip 33156

25 Country USA

2a. Mailing Address

26 7700 N. Kendal

Suite, Apt. #, etc.

27 604

28 City & State Miami FL

29 Zip 33156

30 Country USA

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

9. Name and Address of Current Registered Agent

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

7700 N. Kendall Dr  
Suite 604  
Miami FL 33156

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 obligations of, Section 607.0505, Florida Statutes.

1-13-97

SIGNATURE

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE D  
NAME VELAZQUEZ, MANNY  
STREET ADDRESS 175 FONTAINEBLEAU BLVD. #1-A2  
CITY - ST - ZIP MIAMI FL 33172

☐ DELETE

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

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Manuel P. Velazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

Date

412-9000

Daytime Phone #

CR2E034 (9/96)