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

- PROFIT **CORPORATION ANNUAL REPORT**



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

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DOCUMENT #

P94000027066 (7)

SOUT	THERN EXPOSURE POST	& PRO, INC.		 		1810 18811 88118 88118 8214 1881
Principal Place of Business Mailing Address				 	(817 1884) 88418 81118 8111 1881	
12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD MIAMI FL 33181 MIAMI FL 33181		.VD.				
				3. Date Incorporated or Qualified		of Last Report
2 Principal D	lace of Business	Ton Mailing Addison		04/07/1994	0	7/11/1995
21	lace of business	2a. Mailing Address		4. FEI Number		Applied for
Suite, Apt.	#, etc.	Suite, Apt #, etc.		13-3760881		Not Applicable
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing		\$5.00 May Be
23		28		Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has lability for Florida Statutes	intangible ta	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	legistered /	Agent
			81 Name			
	BER, STEVEN		82 Street Add	ress (P.O. Box Number is Not Acceptat	.i.o)	
	BISCAYNE BLVD.		83			
MIAMI	FL 33181		63			
			84 Crty			85 Zip Code
11. Pursuant t or register familiar wil	to the provisions of Sections 607.050 red agent, or both, in the State of Flor th, and accept the obligations of Sec	2 and 607.1508, Florida Statut ida. Such change was authorization 607.0505. Florida Statute	tes, the above named corporation's boa	ration submits this statement for the pur ird of directors. Thereby accept the appr	rpose of char ointment as i	nging its registered office registered agent. I am
SIGNATURE						
12.	Signature, typed or printed name of registered age:		Olici Ricg Stee, J Agent signative require		DATE	
TITLE	D OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
NAME	SCHREIBER, STEVEN		1.2 NAMÉ		L.	Change
STREET ADDRESS	12000 BISCAYNE BLVD.		1.3 STREET ADDRESS			
CrTY-S1-ZiP	MIAMI FL 33181		14 C:TY ST-Z:P			
TILE	Inchite Color	DELETE	2 1 TITLE			Change Addition
NAME		 -	2.2 NAME		<u> </u>] c. lange /100 lion
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIF			2.4 CHY+\$1 - ZIP			
TITLE		DELETE	3 1 101; 8			Change
NAME (3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			3 4 CITY- \$T-7:F'			
TITLE		DELETE	4. 1 TITLE			Change 🔲 Addition
KAME			4.2 NAMi			
STREET ADDRESS			4.3 STREET ADDRESS			
CIEY+S1-7IP		E) believe	4.4 CITY - ST - ZIP			
TITLE NAME		DELETE	5 1 TIPLE			Change Addition
STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP			5.3 STREET ADDRESS			
TILE		DELETE	5 4 C₁1Y · S1 · ZIP € 1 TITLE			Cross D Addi-
NAME		C out.	6.2 NAME		IJ	Change 🔲 Addition
STREET ADDRESS			6.3 CAREL I ADDRESS			

64 0 HY-ST-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 armular 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 13 if changed, or or an attachment with an address.

SIGNATURE: