SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000044340 (5)

1. Corporation Name

SPAN PRESS, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVE. 1401 MIAMI FL 33131-2900	801 BRICKELL AVE. 1401 MIAMI FL 33131-2900

3. Date Incorporated or Qualified: 06/14/1994
3a. Date of Last Report: 07/28/1995
4. FEI Number: 65-0545866 — [ ] 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

2. Principal Place of Business	2a. Mailing Address
21 2151 LeJeune Road	26 2151 LeJeUne Road
Suite, Apt # etc: 22 Suite 202	Suite, Apt #, etc: 27 Suite 202
City & State: 23 Coral Gables, FL 33134	City & State: 28 Coral Gables, FL 33134
Zip: 24 33134 — Country: 25 USA	Zip: 29 33134 — Country: 30 USA

9. **Name and Address of Current Registered Agent**

VELEZ, ARNALDO
801 BRICKELL AVE, 1401
MIAMI FL 33131-2900

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2151 LeJeune Road, #202
83
84 City Coral Gables FL 85 Zip Code 33134

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. **OFFICERS AND DIRECTORS**

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
[ ] DELETE	D/S	VELEZ, ARNALDO	801 BRICKELL AVE, 1401	MIAMI FL 33131-2900
[ ] DELETE	P	Manuel R. Fernandez	8380 N.W. 64 St.	Miami, FL 33166
[ ] DELETE	VP	Justo Rey	5722 S. Flamingo Rd. #270	Cooper City, FL 33330
[ ] DELETE				
[ ] DELETE				
[ ] DELETE				

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
[X] Change [ ] Addition	S/D	Arnaldo Velez	2151 LeJeune Road, 202	Coral Gables, FL 33134
[ ] Change [ ] Addition				
[ ] Change [ ] Addition				
[ ] Change [ ] Addition				
[ ] Change [ ] Addition				
[ ] Change [ ] Addition				

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)(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 617, 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

CR2E034 (3/96)

0040864 CP