

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

FILED
Sep 18 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000044340
1. Corporation Name

Span Press, Inc.

Principal Place of Business Mailing Address

255 University Drive
Coral Gables, FL 33134

900002297809
-09/19/97--01046--002
***1100.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6/14/94	8/7/96
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0545866	Not Applicable
24 Country		29 Country		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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Arnaldo Velez
255 University Drive
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name	Arnaldo Velez
82 Street Address (P.O. Box Number is Not Acceptable)	255 University Drive
83	
84 City	Coral Gables
85 Zip Code	FL 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  DATE 9-16-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	Maria Velez	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	255 University Drive	1 2 NAME	
STREET ADDRESS	Coral Gables, FL 33134	1 3 STREET ADDRESS	
CITY-ST-ZIP		1 4 CITY-ST-ZIP	
TITLE VPD	Justo Rey	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5722 S. Flamingo Rd #270	2 2 NAME	
STREET ADDRESS	Cooper City, Florida	2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE VPT	Felipe Ariano	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6521 N.W. 87 Avenue	3 2 NAME	
STREET ADDRESS	Miami, FL 33166	3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE S	Georgina Valdes	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	255 University Drive	4 2 NAME	
STREET ADDRESS	Coral Gables, FL 33134	4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE D	Manuel R. Fernandez	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8380 N.W. 64 Street	5 2 NAME	
STREET ADDRESS	Miami, FL 33166	5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-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 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: 

9-16-97 (305) 461-9499