

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

255 UNIVERSITY DRIVE
CORAL GABLES FL 33134
US

Mailing Address

255 UNIVERSITY DRIVE
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELEZ, ARNALDO
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134

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.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME VELEZ, ARNALDO
STREET ADDRESS 2151 LEJEUNE ROAD STE. 202
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE D
NAME FERNANDEZ, MANUEL R
STREET ADDRESS 8380 N.W. 64 ST
CITY-ST-ZIP MIAMI FL 33166 ☒ DELETE

TITLE VD
NAME REY, JUSTO
STREET ADDRESS 5722 S. FLAMINGO RD #270
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

TITLE PD
NAME VELEZ, MARIA
STREET ADDRESS 255 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE S
NAME VALDES, GEORGINA
STREET ADDRESS 255 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE VT
NAME ARIANO, FELIPE
STREET ADDRESS 6521 N.W. 87 AVENUE
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SD
VELEZ, ARNALDO
255 UNIVERSITY DRIVE
CORAL GABLES, FL 33134 ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

VT
ARIANO, FELIPE
8233 NW 68 STREET
MIAMI, FL 33166 ☒ Change ☐ Addition

14. I 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.

CR2E034 (10/97)