

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000021376 (5)

1. Corporation Name

VILLAGE PUBLISHERS, INC.



Principal Place of Business

6521 SW 132 COURT CIRCLE
MIAMI FL 33183

Mailing Address

6521 SW 132 COURT CIRCLE
MIAMI FL 33183

3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3501 SW 112 AVE

26 PO BOX 832137

4. FEI Number

318-58-2080

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 State, Apt. #, etc.

27 State, Apt. #, etc.

23 City & State

28 City & State

MIAMI, FL

MIAMI, FL

24 Zip

Country

29 Zip

Country

33165

USA

33283-2137

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLE, ERICK
6521 SW 132 COURT CIRCLE
MIAMI FL 33183

81 Name

VALLE ERICK

82 Street Address (P.O. Box Number is Not Acceptable)

PO BOX 832137

83

84 City

MIAMI

FL

85 Zip Code

33283-2137

11. Pursuant to the provisions of Sections 607.0507 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME PRESIDENT
ERICK VALLE
STREET ADDRESS 1723 DICKINSON DR.
CITY-STATE-ZIP CORAL GABLES, FL 33146

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME VICE-PRESIDENT
ESTELA VALLE
STREET ADDRESS 1723 DICKINSON DR.
CITY-STATE-ZIP CORAL GABLES, FL 33146

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.1.96 (305) 386.2722

CR2E034 (12/95)