

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027782 (8)

1. Corporation Name

THE OLIVER PUBLISHING GROUP, INC.



Principal Place of Business

Mailing Address

% MARTIN A. FEIGENBAUM, ESQ.
100 S.E. 2ND STREET, SUITE 2750
MIAMI FL 33131-2146

% MARTIN A. FEIGENBAUM, ESQ.
100 S.E. 2ND STREET, SUITE 2750
MIAMI FL 33131-2146

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0572610

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEIGENBAUM, MARTIN A
100 S.E. 2ND STREET
SUITE 2750
MIAMI FL 33131-2146

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

1.1 TITLE

1.1 TITLE

NAME

PD GONZALEZ, RUDY

1.2 NAME

STREET ADDRESS

218 EAST 104TH STREET

1.3 STREET ADDRESS

CITY-STATE-ZIP

NEW YORK NY 10029

1.4 CITY-STATE-ZIP

TITLE

VD

2.1 TITLE

NAME

OLIVER, FRANK

2.2 NAME

STREET ADDRESS

3930 N.E. 2ND AVE. SUITE 200

2.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL 33137

2.4 CITY-STATE-ZIP

TITLE

TD

3.1 TITLE

NAME

FEIGENBAUM, MARTIN A

3.2 NAME

STREET ADDRESS

100 S.E. 2ND STREET, SUITE 2750

3.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL 33131

3.4 CITY-STATE-ZIP

TITLE

S

4.1 TITLE

NAME

LOPEZ, MARTHA

4.2 NAME

STREET ADDRESS

% 100 S.E. 2ND ST. SUITE 2750

4.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL 33131-2146

4.4 CITY-STATE-ZIP

TITLE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 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:

Martin A. Feigenbaum

MARTIN A. FEIGENBAUM

2/6/96 (305) 372-0946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)