

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P96000001514 (4)

1. Corporation Name

MAGNET PUBLISHING, INC.



Principal Place of Business

46 SW FIRST STREET STE 400
MIAMI FL 33130

Mailing Address

46 SW FIRST STREET STE 400
MIAMI FL 33130

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

BUCHBINDER & ELEGANT, PA
46 SW FIRST STREET STE 400
MIAMI FL 33130

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	PSTD ELEGANT, ADAM T	1360 NORTH VIEW DRIVE SUNSET ISLAND NO. 1	MIAMI BEACH FL 33140	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 DELETE
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	25 DELETE
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	35 DELETE
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	45 DELETE
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	55 DELETE
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	65 DELETE

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 319.07(3)(a), 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 a check.

SIGNATURE:

Adam T. Elegant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

4-8-96 305.531-0937
Date and Telephone Number

CR2E034 (12/95)