SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042223 (3)

FILED Sep 17 1997 8:00am Secretary of State

Principal Place 1295 N.E. 111 MIAMI FL 331	Y COURIER DISPATCH, INC se of Business BTH STREET	Mailing Address 1295 N.E. 118TH STRE MIAMI FL 33161	, Et		·,					
MINMI FE 331	101	MIAMI FE 33101				DO NOT WRITE	IN THIS S	SPACE		
						3. Date Incorporated or Qualified	3a. Da	te of Last F	Peport	7
						05/10/1996	1			
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For	1		
21		26			1 69-100x 145+			ot Applicable	٦	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May B			May Ro	1	
23		28			Trust Fund Contribution			to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible				1
24	25	29	30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered	Agent]
TO	RRES, PAMELA J			81	Name					
121	95 N.E. 118TH STREET			82	Street Add	Address (P.O. Box Number is Not Acceptable)				1
Mi	AMI FL 33161									
				83						
				84	City			85 Zip	Code	\dashv
							FL			
	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607,1508, Florida Stat of Florida. Such change was lions of, Section 607,0505, f	utes, the al s authorize Florida Stat	bove d by lutes	e-named cor y the corpora s.	rporation submits this statement for the j ation's board of directors. I hereby acce	ourpose of pt the app	changing i ointment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agen	d and title d applicable (NO	OTF Registered	d Age	ent signature requ	uired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12]6
TITLE	P\$ DELETE		1.1 TI	TLE				Change	Addition Addition	15
NAME	TORRES, PAMELA J		1.2 NA		Ì					2
STREET ADDRESS	1295 N.E. 118TH STREET	1.3 ST		1.3 STREET ADDRESS						15
CITY-ST-ZIP_	MIAMI FL 33161				I-ZIP					_] [
TITLE	VPT	DELETE 2.1 T		2.1 TITLE				☐ Change	Addition	٦٢
NAME	TORRES, JORGE L		2.2 NAME							
STREET ADDRESS	1295 N.E. 118TH STREET	2.3 ST			ADDRESS					
CITY-ST-ZIP	MIAMI FL 33161		2.40							
TITLE	DELETE 31		3 1 TI	3 1 TITLE				Change	Addition	
NAME	3.		3.2 N/	3.2 NAME						
STREET ADDRESS			3.3 S1	REET	ADDRESS					
CITY-ST-ZIP	<u> </u>			3.4. CITY - ST - ZIP						┨.
TITLE		☐ DÉTEIE	4.1 NTLE					☐ Change	noititbA 📖	
NAME	i .		4. 2 NAME							1
STREET ADDRESS	S 43		4.3 ST	4.3 STREET ADDRESS						ļ
CITY-ST-ZIP		·····	4.4 City-		57 - Z IP					╛
TITLE	}	☐ DELETÉ	5.1 17					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS	\		5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CI		I - ZIP					1
TITLE		☐ DELETE	E 6.1 TITLE		Ì			Change	Addition	
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
City. St., 7iP			640	TV_S	1. 7IP					1

14. I do 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 accorder 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 or of an africhment with an address.