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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000085463 (3)**1. Corporation Name

FRONT PAGE PRE-PRESS, INC.

Principal Place of Business Mailing Address 6170 N.W. 173RD STREET 6170 N.W. TYORD OTREET SUITE #407 SUITE #407\* MAM EL 33915 MIAMI EL 33015-4500-3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 17324 N.W. 66 PLACE 21 17324 N.W. 66 PLACE Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FL MIAHI 23 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, USA USA Yes No 29 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CONTESSA, PAUL N Name 15321 SOUTH DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 207 83 **MIAMI FL 33157** 84 City 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. S:GNATURE Signature: type of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 96/6) DELETE Change Addition 1.1 TITLE THE PERRANDINA, HICHELE 17324 N.W. 66 PLACE HIAMI, PL 33015 FERRANDINA, MICHELE 1.2 NAME NAME 6170 N.W. 173RD ST., SUITE 407 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ANORESS 2. 4 CITY - ST - ZIP CITY-ST-76 DELETE 3.1 TITLE Change Addition T:TLE 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City - ST-ZIF DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITEE NAME: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 City-St-ZIP COTY-S1-ZIP DELETE 61 TITLE Change \_\_\_ Addition FITLE 62 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. If 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 of the regiver or frustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Lam an officer or director of the corpo appears in Block 12 or Block 13 if cha

STREET ADDRESS

City - St - 7i2

OF SIGNING OFFICER OR DIRECTOR

ant with

FILED

Feb 11 1997 8:00am

Secretary of State