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

PROFIT CORPORATION ANNUAL REPORT

1998



H ORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

305) 361-1202

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

P96000085652 (1)

PRINT MEDIA INTERNATIONAL, INC. Principal Place of Business Mailing Address 150 WEST FLAGLER STREET 150 WEST FLAGLER STREET **SUITE 2500 SUITE 2500** DO NOT WRITE IN THIS SPACE MIAMI FL 33130 MIAMI FL 33130 3. Date Incorporated or Qualified 10/16/1996 4. FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address 65-0707278 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENENDEZ, ANTONIO R 150 WEST FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 2500** 83 **MIAMI FL 33130** 84 Cilv 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NC1) Registered Agent signature required when reinstating) DATE Signature, typied or printed name of registered agent and title if apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. **C**hange DELETE ■ Addition TITLE 111110 GAGNER, MICHAEL D 1.2 NAME NAME 881 OCEAN DR, NO. 9E OCEDIO LINDE STREET ADDRESS 1.3 STREET ADDRESS **KEY BISCAYNE FL 33149** BleckAndr CITY-ST-ZIP 1.4 CHY-SI-ZIP DELETE Addition 21 HILE TITLE NAME 22 NAME 2.3 STHEET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETË 3 1 1/1LE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(TY-ST-Z)P CITY-ST-7IP Addition DELETE Change 4.1 THEE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7IP CITY - ST - ZIP DELETE 6 1 HILE ☐ Change Addition TITLE NAME 6.2 NAME 6 3 STHEET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 suppliemental 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.

PUNNHAMA