

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000002828 (6)

1. Corporation Name

KRAUSE NEWSPAPER SYSTEMS, INC.



Principal Place of Business

Mailing Address

201 SOUTH BISCAYNE BLVD. SUITE 1402
MIAMI FL 33131

201 SOUTH BISCAYNE BLVD. SUITE 1402
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2655 LeJeune Road

Suite, Apt. #, etc.

22 Suite 909

City & State

23 Coral Gables, FL 33134

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2655 LeJeune Road

Suite, Apt. #, etc.

27 Suite 909

City & State

28 Coral Gables, FL 33134

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

65-0825263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OLLE, DENNIS J
201 SOUTH BISCAYNE BLVD, SUITE 1402
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Dennis J. Olle

82 Street Address (P.O. Box Number is Not Acceptable)

Adorno & Zeder, P.A.

83

2601 South Bayshore Drive, Suite 1600

84 City

Miami

FL

85 Zip Code

33133

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

Dennis J. Olle

Dennis J. Olle

March 31, 1998

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME OLLE, DENNIS J
STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 1402
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME Lingat, Peter
1.3 STREET ADDRESS 2655 LeJeune Road, #909
1.4 CITY-ST-ZIP Coral Gables, Florida 33134

2.1 TITLE D/VP ☐ Change ☒ Addition
2.2 NAME Bahrmann, Ralf
2.3 STREET ADDRESS 2655 LeJeune Road, #909
2.4 CITY-ST-ZIP Coral Gables, Florida 33134

3.1 TITLE D/S ☐ Change ☒ Addition
3.2 NAME Hiraldo, Manuel
3.3 STREET ADDRESS 2655 LeJeune Road, #909
3.4 CITY-ST-ZIP Coral Gables, Florida 33134

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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 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

Peter Lingat

Peter Lingat, President

April 1, 1998 (305) 442-9534

CR2E034 (10/97)