

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S48832**

(7)

1. Corporation Name

S & S PUBLISHING CORPORATION



Principal Place of Business

Mailing Address

7310 SW 4 St.,
~~861 A S.W. 87TH AVENUE~~
MIAMI FL 33144
US

S & S PUBLISHING COMPANY
~~861 A S.W. 87TH AVENUE~~ **7310 SW 4St.**
~~MIAMI FL 33144~~ **33144**
US

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2e. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/30/1991

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0265512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOTOLONGO, FRANK

~~861 A S.W. 87TH AVENUE~~ - **7310 S.W. 4 St.,**
~~MIAMI FL 33144~~ **Miami, FL 33144**

81 Name

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

83

84 City

FL

85 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

(SEE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
	SVD			<input type="checkbox"/>
	SOTOLONGO, FRANK			<input type="checkbox"/>
	1185 N.W. 41ST AVENUE	7310 S.W. 4 St.,		<input type="checkbox"/>
	MIAMI FL	Miami, FL 33144		<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank Sotolongo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96 (305) 448-2072
Date Date of Filing

CR2E034 (3/96)