] | 1861| | 1870 | 1871 | 1871 | 1871 | 1871 | 1871 | 1871 | 1871 | 1871 | 1871 | 1871 | 1871 | 1871 | 1871 |

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$58654

U.S. PRESS AND FUTURE INC.

Principal Pi	ace of Business	Mailing Address				
2 S BISCYANE BLVD STE 3400 MIAMI FL 33131 US		2 \$ BISCYANE BKVD STE 3400 Miami Fl 33131 US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 06/11/1991	
2. Principa	pal Place of Business 2a, Mailing Address				4. FEI Number Applied For	
21					65-0277572 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing 55.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Žip	Country	Zip	Country	y	8. This corporation owes the current year Intangible	
24	25	29 3	0		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
VALDES-FAULI CORPORATE SERVICES INC 1 BISCAYNE TOWER STE 3400			81	Name	1	
			82	Street	t Address (P.O. Box Number is Not Acceptable)	
			L.	- Order (date of the first term of the first te		
2 S BISCYAEN BLVD MIAMI FL 33131			83	•]		
M	PAMI PE 33131		84	City	■ 85 Zip Code	
				0,	FL S FL	
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.						
SIGNATUR	F					
Signature, typed or printed name of registered agent and title if applicable			E: Registered Agent signature requi			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
MILE	DPST	☐ DELETE	1.1 TITLE	1	Change [] Addition	
NAME	MARTINEZ, FERNANDO		1.2 NAME		2000027746120 -02/15/3301014018	
STREET ADDRE		†	1.3 STREE	TADDRESS	-02/15/3901014018	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - 5	ST-ZIP	***** 158,75 **** 158.75	
TITLE		☐ DELETE	21 TITLE	Ĭ	Change Addition	
NAME			22 NAME.			
STREET ADDRES	ss	!	23 STREE	TADDRESS	;	
CITY-ST-ZIP			2 4 CiTy-	ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE	-	[] Change	
NAME			32 NAME			
STREET ADDRES	ss		33STREE	TADDRESS	;	
CITY-ST-ZIP			34 CITY-	ST-ZIP		
TITLE		[] DELETE	417ITLE	1	[] Change Addition	

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 shaft have the same tegal 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, with all other like empowered.

2 NAME

5 1 TITLE 5.2 NAME 53 STREET ADDRESS

61 TITLE

6.2 NAME 63STREET ADDRESS 6 4 CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY-ST-ZIP

TITLE

Fernando Martinez

SIGNATURE: SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

(2055) 376-6000

Change

[] Change

Addition

☐ Addition