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

FILED
96 SEP -4 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66677 (3)

1. Corporation Name
SOUTH MIAMI DISPATCH INC.

Principal Place of Business
515 W. 26 ST.
HIALEAH FL 33010
US

Mailing Address
515 W. 26 ST.
HIALEAH FL 33010
US

3. Date Incorporated or Qualified: 07/17/1991
3a. Date of Last Report: 02/23/1995
4. FEI Number: 65-0271446 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 ______
Suite, Apt #, etc
22 ______
City & State
23 ______
Zip 24 ______ Country 25 ______

2a. Mailing Address
26 ______
Suite, Apt #, etc
27 ______
City & State
28 ______
Zip 29 ______ Country 30 ______

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
GIARDINA, MARK A.
6600 FALCONSGATE AVE.
DAVIE FL 33331

10. Name and Address of New Registered Agent
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) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GIARDINA, MARK A	
STREET ADDRESS	6600 FALCONSGATE AVE.	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	V	☐ DELETE
NAME	GIARDINA, DEBRA	
STREET ADDRESS	6600 FALCONSGATE AVE.	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

000001956... -09/25/96--01023--017 ****375.00 ****375.00

1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE	JB 9-11-96	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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: [signature] Mark Giardina 8/21/96 (305-884-8714)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0019033 CP