

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V52226 (0)

1. Corporation Name
UNITED PRESS, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 640411
MIAMI FL 33164**

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MIAMI FL 33164**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1992

3a. Date of Last Report

07/11/1994

4. FEI Number

63-0349171

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZIMMERMAN, MICHAEL J.
13320 SOUTHWEST 128TH STREET
MIAMI FL 33186**

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 607.1506, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D		
	ASHKENAZ, HELENE		
	1801 ELEUTHRA POINT		
	COCONUT CREEK FL 33309		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Change	Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

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 110.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 305 480 8370