

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # V71500**  
1. Corporation Name  
**ELECTRONIC PUBLISHING SOLUTIONS, INC.**

**FILED**

97 AUG 26 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Mailing Address

8107 SW 81ST PLACE  
MIAMI FL 33143-6612  
US

**2a. Mailing Address**

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
----	---------------------	----	---------------------

22	27
City & State	City & State

23			28		
Zip		Country	Zip		Country

24 25 29 30

3. Date Incorporated or Qualified  
**10/09/1992**

3a. Date of Last Report  
08/05/1996

4. FEI Number <b>65-0377221</b>	Applied For
	Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution 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**

GUARCH, J.M., JR.  
710 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box or Mailing Address)	00000-0000-1 -08/27/97-0111-023
83		****165.00 ****165.00
84	City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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. I, \_\_\_\_\_, am a member of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the duties of, the registered agent of a corporation under the 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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BEROLO, JOSEPH	
STREET ADDRESS	8107 SW 81 PLACE	
CITY - ST - ZIP	MIAMI FL 33143	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP SALES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	MANUEL RAMIREZ		
1.3 STREET ADDRESS	8107 SW 81 PLACE		
1.4 CITY-ST-ZIP	MIAMI FL 33142		

2.1 TITLE	11/1/1981. 7/1-83173	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			

6.1 TITLE	 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:**

4/18/97

CR2E034 (9/96)