

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K08848 (9)**

1. Corporation Name
NUNEZ STATIONERY PRINTING & THERMOGRAPHY, INC.



Principal Place of Business: **5880 W FLAGLER ST PO BOX 1 MIAMI FL 16976-4528**
Mailing Address: **5880 W FLAGLER ST PO BOX 1 MIAMI FL 16976-4528**

2. Principal Place of Business
21 Subst. Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Subst. Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **12/24/1987**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **65-0024235**
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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**NUNEZ, ALEX
1051 S.W. 122 PLACE
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
12a. NAME
12b. TITLE
12c. STREET ADDRESS
12d. CITY, STATE, ZIP
12e. NAME
12f. TITLE
12g. STREET ADDRESS
12h. CITY, STATE, ZIP
12i. NAME
12j. TITLE
12k. STREET ADDRESS
12l. CITY, STATE, ZIP
12m. NAME
12n. TITLE
12o. STREET ADDRESS
12p. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13a. TITLE
13b. NAME
13c. STREET ADDRESS
13d. CITY, STATE, ZIP
13e. TITLE
13f. NAME
13g. STREET ADDRESS
13h. CITY, STATE, ZIP
13i. TITLE
13j. NAME
13k. STREET ADDRESS
13l. CITY, STATE, ZIP
13m. TITLE
13n. NAME
13o. STREET ADDRESS
13p. CITY, STATE, ZIP

14. I do hereby certify that the information supplied on this filing 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 supplements annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an official filing with a filer's office.

SIGNATURE: *Adalberto* Director 1/18/96 305-266-1260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)