

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

APPROVED
 AND
 FILED

15 MAY -7 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P95000079750 (2)

1. Corporation Name
 COPRINTER CO.

REINSTATEMENT 96-98

Principal Place of Business

Mailing Address

10630 WASHINGTON ST
 SUITE 107
 PEMBROKE PINES FL 33025

10630 WASHINGTON BL
 SUITE 107
 PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified
 10/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

8939 NW 152ND LANE

MIAMI, FL 3

MIAMI, FL 3

33016

USA

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
 452A PGA BLVD
 SUITE 101
 PALM BEACH GARDENS FL 33418

81 Name MICHAEL L. SANDNES
 82 Street Address (P.O. Box Number is Not Acceptable) 8939 NW 152ND LANE
 83 MIAMI, FL 33018
 84 City MIAMI FL 85 Zip Code 33016

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 type for purposes of a corporate change and filing, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael L. Sandnes

MAY 6, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	Myrna Luz Sandnes	8939 NW 152ND LANE	MIAMI, FL 33016	<input type="checkbox"/>
SEC. AND TREASURY/VICE PRESIDENT	MICHAEL L. SANDNES	8939 NW 152ND LANE	MIAMI, FL 33016	<input type="checkbox"/>
VICE PRESIDENT	BERRY POLNY	8939 NW 152ND LANE	MIAMI, FL 33016	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
800002520138					<input type="checkbox"/>	<input checked="" type="checkbox"/>
-05/12/98--01045--010						
***1058.75						
***1058.75					<input type="checkbox"/>	<input type="checkbox"/>

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)(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 617, 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

Michael L. Sandnes

MAY 6, 1998

305-826-6987

Daytime Phone #

CP2E034 (3/96)