FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L12742 (7)

1. Corporation Name
PRINTMAT CORPORATION

Principal Place of Business	Mailing Address
7286 SW 48TH STREET MIAMI FL 33155	151 MAJORCA AVE SUITE C CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 08/29/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0146257 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X — $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 Office if Changed	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRATS, GABRIEL, CPA 151 MAJORCA AVE SUITE C CORAL GABLES FL 33134	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DSV	☐ Change ☐ Addition
NAME	ALVAREZ, MANUEL A.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	☐ Change ☐ Addition
NAME	ALVAREZ, TERESA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Change ☐ Addition
NAME	ALVAREZ, MANUEL E.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Change ☐ Addition
NAME	ALVAREZ, PATRICIA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Change ☐ Addition
NAME	ALVAREZ, THERESA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ Change ☐ Addition
NAME	GARCIA, LUIS E.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	

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 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] - Luis E. Garcia 5/5/95 (305) 663-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone

0138626 CP