FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90006 023 ***158.75

DOCUMENT # L12742

1. Corporation Name
PRINTMAT CORPORATION

Principal Place of Business
7286 SW 48TH STREET
MIAMI FL 33155

Mailing Address
151 MAJORCA AVE
SUITE C
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/29/1989

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26: 2121 PONCE DE LEON BLVD.
Suite, Apt. #, etc. — 27: 240
City & State — 28: CORAL GABLES, FL
Zip — 29: 33134 Country — 30: USA

4. FEI Number: 65-0146257 — Applied For ☐ Not Applicable ☐

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent
81 Name: GABRIEL PRATS
82 Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD.
83: SUITE 240
84 City: CORALGABLES, FL FL — 85 Zip Code: 33134

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, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 3-22-99

12. OFFICERS AND DIRECTORS

TITLE	DSV	☐ DELETE
NAME	ALVAREZ, MANUEL A.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	☐ DELETE
NAME	ALVAREZ, TERESA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ALVAREZ, MANUEL E.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	ALVAREZ, PATRICIA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ALVAREZ, THERESA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4. CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4. 2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/14/99 — Daytime Phone #: 305 663-9400

CR2E034 (11/98)