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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 102770 (5)

1. Corporation Name  
SOUTHEASTERN PRINTING COMPANY, INC.

Principal Place of Business

3601 SE DIXIE HWY  
STUART FL 34995  
US

Mailing Address

8600 NW 36TH STREET  
8TH FLOOR  
MIAMI FL 33166-6648  
US

3. Date Incorporated or Qualified  
09/21/1925

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 3155 NW 77th AVE  
Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33122

Country

30 US

4. FEI Number  
59-0467860

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature type (or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME MAS, JORGE  
STREET ADDRESS 8600 NW 36TH STREET 8TH FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE S  
NAME DAMON, NANCY  
STREET ADDRESS 8600 NW 36TH STREET, 8TH FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE PD  
NAME HADDAD, E. JOAN  
STREET ADDRESS 3601 SE DIXIE HWY  
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE VD  
NAME ANTHONY, ROBERT F.  
STREET ADDRESS 2392 CRAWFORD COURT  
CITY-ST-ZIP LANTANA FL ☐ DELETE

TITLE VTD  
NAME VALDES, CARLOS  
STREET ADDRESS 8600 NW 36TH STREET, 8TH FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3155 NW 77th AVE  
1.4 CITY-ST-ZIP MIAMI FL 33122

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 3155 NW 77th AVE  
2.4 CITY-ST-ZIP MIAMI FL 33122

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP P

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP V

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 3155 NW 77th AVE  
5.4 CITY-ST-ZIP MIAMI, FL 33122

6.1 TITLE ☐ Change ☐ 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. 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 or changed, or on an attachment with an address.

SIGNATURE: Nancy J. Damon 1-9-97 305-599-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)