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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre:ary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 381 PRINTERS MACHINI									
Principal Flace	of Pusiness	Mailin	g Address			<b>⊣</b> '	I <b>ghinn</b> infolition febin iblint bin		ij bibli <b>b</b> ibli	
'			3820 NW 135 ST BAY H							
3820 NW 135 S OPALOCKA FL			OPALOCKA FL 33054							
	••••	• • • • • • • • • • • • • • • • • • • •					DO NOT WRIT	E IN THIS	SPACE	
						4	ncorporated or Qualifed			
2. Principal Pl	ace of Business	2a. M	2a. Mailing Address			4. FEI N				Applied For
21		26	26			59-1	<u>355778                                  </u>			lct Applicable
Suite, Apt.	#, etc.	Sı	Suite, Apt. #, etc.			5 Certif	ate of Status Desired			Additional
22		27				J. Gerun			Fee F	Required
City & State	2	c	City & State			6. Election	on Campaign Financing	П		May Be
23		28				Trust	Fund Contribution		Added	l to Fees
Zip	Country	zi	р	Country	1	8. This c	orporation owes the curre	nt year Inta		_
24	25	29		30			nal Property Tax.		Yes	_ <u> </u>
	9. Name and Address	of Current Register	ed Agent		<del>T .:-</del>	10. Name	and Address of New Re	egistered A	<u>.g</u> ent	
DIAZ	TWENC NAMEDI			81	Name					
D'AZEVEDO, ROBERT 220 KINGS POINT DRIVE #610				82	Street A	ldress (P.O. Bo	x Number is Not Acceptat	ole)		
MAN	/II FL 33160			83						
<b>\</b>				100					85 Zip	Code
				84	City			FL	65   ZIF	Code
office or re agent. Lai SIGNATURE	to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed nime of	n the State of Florida. t the obligations of, Se	Such change was a section 607.0505, F o	authorized by orida Statutes	the corpora s.	orporation submation's board of	directors. I nereby accept	the appoin	hanging it	ts registered registered
12.		FICERS AND DIRECT		13.	in agriculture race		ONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	PSD	TOLINO ANTO BINCO !	☐ DELETE	1.1 TITLE	r				☐ Change	Addition
NAME	D'AZEVEDO, ROBER	T	_	1.2 NAME						
STREET ADDRESS	34 BAL BAY DR #5			T ADDRESS						
	BAL HARBOUR FL			1.4 CITY-5	1					
CITY-ST-ZIP TITLE	VD		☐ DELETE	2.1 TITLE	71-ZIF				[] Change	Addition
	D'AZEVEDO, ROBER	т		2.2 NAME						_
NAME	34 BAL BAY DR. #5	1		1	T ADDRESS					
STREET ADDRUSS	BAL HARBOUR FL									i
CITY-ST-ZIP TITLE	DAL HANDOUN FL		□ DELETE	2 4 CITY-	31-21				Change	Addition
ł				3.2 NAME					•	_
NAME					TADDRESS					
STREET ADDRESS										
CITY-ST-ZIP				3.4. CITY-1	S1-21P	<del></del>	<del></del>		Change	Addition
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NAME				4. 2 NAME						
STREET ADDRESS					TADDRESS					
CiTY-ST-ZIP			☐ DELETE	4.4 CITY-5	SI-ZIP				Change	Addition
TITLE			- VELENE	5.1 TITLE 5.2 NAME					ور	
NAME				4	T ADDRESS					
STREET ADDRESS				5.3 STREE	i i					
CITY-ST-ZIP			□ DELETE	6.1 TITLE	, 21				□ Change	Addition

14. I heret y 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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

IGNAT IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR