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PROFIT CORPORATION : ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90042 007 ***158.75

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 479045

ECONOMIC PRINTING & ADVERTISING SPECIALTIES, INC.

A Sept.				
Principal Place of Business	Mailing Address	n-ru	4 IBB()) AHBIH IBGIB IBNIF BAHN BIDBI BHIK BA	OLY CARRY BERGY BERGY BIRSH DIDIN 1801
2205 N.W. 24TH AVE.	2205 N.W. 24TH AVE.	,		•
MIAMI FL 33142	MIAMI FL 33142	•		
7			DO NOT WRITE IN THE	HIS SPACE
			3. Date Incorporated or Qualifed	
	[n		06/30/1975	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1608605	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	we	5: Certificate of Status Desired	\$8.75.Additional Fee Required
City & State	City & State			
	. 🛏 ்		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Country	28	Country	Trust Fund Contribution	
	29	30	 This corporation owes the current year Personal Property Tax. 	Intangible ☐Yes ☐No
24 25 25 9. Name and Address of Currel	11	30	10. Name and Address of New Register	
5. Hame and Address of Curren	it registered Agent	81 Name	io. Name and Address of New Negister	eu Agent
NUNEZ, JUSTO				
2205 NW 24TH AVE.		82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	i
MIAMI FL 33142		83		
	* *			
	•	84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.05.	00 607 4600 Florida Chil			of shareing its registered
office or registered agent, or both, in the State	of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
	ations of Section 607 0505. Flo	orida Statutoe		·
agent. I am tamiliar yrith, and account the obliga			- L	100
SIGNATURE OF CHAIN	JUSTO N	IUNE Z	01/0	6/99
SIGNATURE Systemure, typed or printed name of registered as	nt end title if applicable. (NOTI	IUNE Z Registered Agent signature requ	iried when reinstating) \ \tag{\chi_2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6/99
SIGNATURE Signeture, typed or printed nothe of registered at 2. OFFICERS AN	Int and title if applicable. (NOTE	UNE Z Registered Agent signature requ 13.	01/0	AND DIRECTORS IN 12
SIGNATURE Signeture, typed or printed rights of registered to of registered to of the signature. 12. OFFICERS AN	nt end title if applicable. (NOTI	COVE Z Registered Agent signature requ 13. 1.1 TITLE	iried when reinstating) \ \tag{\chi_2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6/99
SIGNATURE Signeture, typed or printed rights of registered to 12. OFFICERS AN TITLE P. NUNEZ, JUSTO	Int and title if applicable. (NOTE	F. Rogistered Agent signature required 13. 1.1 TITLE 1.2 NAME	iried when reinstating) \ \tag{\chi_2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AND DIRECTORS IN 12
SIGNATURE Signeture, typed or printed name of registered as a superior of the state	Int and title if applicable. (NOTE	E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	iried when reinstating) \ \cdot \cdo	AND DIRECTORS IN 12
SIGNATURE Signeture, typed or printed name of registered and the printed name of the p	nt and title if applicable. (NOTI	E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	iried when reinstating) \ \cdot \cdo	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. OFFICERS AN TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V SIGNATURE Signeture, typed or printed name of registered and	Int and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	iried when reinstating) \ \cdot \cdo	AND DIRECTORS IN 12
SIGNATURE 12. OFFICERS AN TITLE P NAME STREET ADDRESS CITY-ST-ZIP NAME NAME V NUNEZ, MARIA E.	nt and title if applicable. (NOTI	IONE Z E: Registered Agent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	iried when reinstating) \ \cdot \cdo	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. OFFICERS AN TITLE P NAME STREET ADDRESS CITY-ST-ZIP NUNEZ, JUSTO 2205 NW 24TH AVE. MIAMI FL TITLE V NUNEZ, MARIA E. STREET ADDRESS 2800 S.W. 98TH COURT	nt and title if applicable. (NOTI	INCE Z Exercistered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	iried when reinstating) \ \cdot \cdo	AND DIRECTORS IN 12 Change Addition
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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 of 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 frustee 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.

6.4 CITY-ST-ZIP