PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DOCUMENT # 529685



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90230 016 ***150.00

UNIVERSAL LITHO AND ALBUMS, INC.						
Principal Place	e of Business	Mailing Address			DII OSBIA BEDEL GIĞIR D	
550 W 84TH STREET 550 W 84TH STREET						•
HIALEAH GARDENS FL 33014-3616 HIALEAH GARDENS FL 33014			I- 36 16			
U\$ U\$				DO NOT WRITE IN TH	HIS SPACE	
				3. Date Incorporated or Qualifed 03/18/1977		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apı	plied For
21		26		59-1729613	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	I
22		27		V. V. V. V. V. V. V. V.	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	,
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 3	0	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent	
MOR	ENO, JOSE ANTONIO			acios U. Garc	14	
13330 S.W. 5 ST.			82 Street Add	dress (P.O/IBox Number is Not Acceptable)	2000	
MANUEL COLOR						
MIAMI FL 33184						
			84 City /	Miami F	L 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose	of changing its	registered
office or re agent. I a	egistered agent, or both, in the State o m familia <u>r with</u> an <u>d accept the obliga</u> tion	f Florida. Such change was auti ons of. Section 607.0505. Florid	a Statutes.	tion's board of directors. I hereby accept the ap	pointment as reg	gisterea
SIGNATURE	Valley and the same	,		LESI DE WI	3-8-49	•
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, R	egistered Agent signature requi	red when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	GARCIA, CARLOS O.		1.2 NAME			
STREET ADDRESS	510 NW 32TH AVE		1.3 STREET ADDRESS			<u> </u>
CiTY-ST-ZIP	MIAMI FL		1,4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	Gonzalez, Dario		2.2 NAME			
STREET ADDRESS	1865 BRICKELL AVE., #708		2.3 STREET ADDRESS			- 1
CITY-ST-ZIP	MIAMI FL		2.4 CiTY-ST-ZIP			
TITLE	SD	☐ DELETE	31 TITLE		Change	Addition
NAME	MORENO, ANTONIO		3.2 NAME		•	j
STREET ADDRESS	13330 S.W. 5TH ST.		3.3 STREET ADDRESS			j
CITY-ST-ZIP	MIAMI FL		34. CITY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	PAGE, ROBERTO		4. 2 NAME	•		1
STREET ADDRESS	CALLE 6 B-1 MANSIONES GARI	DEN HILLS	4.3 STREET ADDRESS			
CITY-ST-ZIP	GUAYNABO PR		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
1			5.3 STREET ADDRESS			\

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE

Change

Addition