

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ~~150.~~

027051

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **569398**

1. Corporation Name
SPANISH ENGRAVING CORP.

Principal Place of Business
932 W FLAGLER ST
MIAMI FL 33130
US

Mailing Address
932 W FLAGLER STREET
MIAMI FL 33130

2. Principal Place of Business
21 **7205 NW 68 ST.**
Suite, Apt. #, etc. **#12**

2a. Mailing Address
26 **7205 NW 68 ST.**
Suite, Apt. #, etc. **#12**

22 City & State
Miami

27 City & State
Miami

23 Zip **33106** Country **25**

28 Zip **33166** Country **29**

9. Name and Address of Current Registered Agent

ESPINOSA, FRANKLIN
932 W. FLAGLER ST.
MIAMI FL 33130

81 Name **Frank Espinosa**
82 Street Address (P.O. Box Number is Not Acceptable)
7205 NW 68 ST #12
83
84 City **Miami** FL **33166**

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

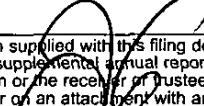
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ESPINOSA, FRANKLIN 932 W. FLAGLER ST. MIAMI FL 33130	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Espinosa, Franklin 7205 NW 68 ST #12 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ESPINOSA, ANA 932 W. FLAGLER ST. MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Espinosa, Ana 7205 NW 68 ST #12 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90036 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1978

4. FEI Number **59-1841954** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

1/14/99 3053240807

Date

Daytime Phone #