


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

027057

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

03-17-1999 90036 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 7205 NW 68 ST.

2a. Mailing Address

26 7205 NW 68 ST.

Suite, Apt. #, etc.

#12

Suite, Apt. #, etc.

#12

City & State

23 Miami

City & State

28 Miami

Zip Country

24 33106 25

Zip Country

29 33166 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Frank Espinosa

82 Street Address (P.O. Box Number is Not Acceptable)

7205 NW 68 ST #12

83

84 City

Miami

FL

85 Zip

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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ESPINOSA, FRANKLIN	
STREET ADDRESS	932 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ESPINOSA, ANA	
STREET ADDRESS	932 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Espinosa, Franklin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	7205 NW 68 ST #12	
1.3 STREET ADDRESS	Miami, FL 33166	
1.4 CITY-ST-ZIP		
2.1 TITLE	Espinosa, Ana	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7205 NW 68 ST #12	
2.3 STREET ADDRESS	Miami, FL 33166	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 305 324 0807

CR2E034 (11/98)