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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90003 029 ***150.00

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DOCUMENT # 594572

1. Corporation Name

DOUGLAS ENTRANCE PRINTING COMPANY

Principal Place of Business	Mailing Address
800 DOUGLAS ENTRANCE NORTH TOWER. SECOND FLOOR CORAL GABLES FL 33134 US	C/O SPILLIS. CANDELA 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/04/1978

4. FEI Number **59-1866940** — Applied For / Not Applicable

5. Certifcate 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SPILLIS, PETER J.
800 DOUGLAS ENTRANCE, 2ND FL.
IO
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City — FL — 85 Zip Code

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

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **SPILLIS, PETER J**	1.2 NAME	
STREET ADDRESS **10700 SNAPPER CREEK ROAD**	1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	1.4 CITY-ST-ZIP	
TITLE **SD** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **SPILLIS, ELECTRA**	2.2 NAME	
STREET ADDRESS **10700 SNAPPER CREEK ROAD**	2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	2.4 CITY-ST-ZIP	
TITLE **VTD** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **CANDELA, HILARIO F.**	3.2 NAME	
STREET ADDRESS **10900 S.W. 53RD AVE.**	3.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	3.4 CITY-ST-ZIP	
TITLE **SD** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **CANDELA, EVA. (ASST)**	4.2 NAME	
STREET ADDRESS **10900 S.W. 53RD AVE.**	4.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #