

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90020 041 \*\*\*150.00

DOCUMENT # **661841**

Corporation Name

J.M. ECONO-PRINT, INC.



Principal Place of Business

4 N.W. 72ND AVE.  
MIAMI FL 33122

Mailing Address

3164 N.W. 72ND AVE.  
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
4 N.W. 72ND AVE.		3164 N.W. 72ND AVE.		04/15/1980	
MIAMI FL 33122		MIAMI FL 33122		59-1988017	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORES, JUAN M.  
303 CAMILO AVENUE  
CORAL GABLES FL 33134

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

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.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	1.2 NAME	
3. STREET ADDRESS	1.3 STREET ADDRESS	
4. CITY-ST-ZIP	1.4 CITY-ST-ZIP	
5. NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	2.2 NAME	
7. STREET ADDRESS	2.3 STREET ADDRESS	
8. CITY-ST-ZIP	2.4 CITY-ST-ZIP	
9. NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	3.2 NAME	
11. STREET ADDRESS	3.3 STREET ADDRESS	
12. CITY-ST-ZIP	3.4 CITY-ST-ZIP	
13. NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	4.2 NAME	
15. STREET ADDRESS	4.3 STREET ADDRESS	
16. CITY-ST-ZIP	4.4 CITY-ST-ZIP	
17. NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME	
19. STREET ADDRESS	5.3 STREET ADDRESS	
20. CITY-ST-ZIP	5.4 CITY-ST-ZIP	
21. NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME	
23. STREET ADDRESS	6.3 STREET ADDRESS	
24. CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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.

GNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (5/99)

685515-70020-41  
661841

**JM ECONO PRINT**

3164 NW 72 AVENUE.  
MIAMI, FLORIDA 33122  
USA

Phone 305-591-3620

Fax 305-477-2306

July 2, 1999

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
Tallahassee, FL 32314

Ref: Account # 661841

Attn: Customer Service


Today I received in the mail a package from your department that had a 2nd Notice!

My heart started pumping faster. Please be advise that we never received the first one. I don't doubt that you send it, but sometimes the mail gets lost or delivered to the wrong business.

Otherwise, I would have paid it right away knowing that there was a big penalty for not doing so! Please delete the late fees. I will make a note on my calendar for next year that if I do not receive your letter by March, to call you at 850-488-9000 to request the form again....

Thank you very much for your time and understanding!

Sincerely,



Cely Flores