## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

676164

**(7)** 

M.C. PRINTING, INC.

Mailing Address

Principal Place of Business.

APPROVED AND FILED

96 JAN 23 AM 8: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MIAMI FL 33166 US	7820 NW 62 ST Miami FL 33166 US			Date Incorporated or Qualified	3a. Date of Last Report
				06/27/1980	01/20/1995
Principal Place of Business       21	2a. Mailing Address			4. FEI Number 59-2014417	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·		38-2014417	Not Applicable
22	27]			Certificate of Status Desired	\$8.75 Additional Fee Required
Ciry & State	City & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zη   Country   25	Zip <b>29</b> ]	Gountry 30		8. This corporation has liability for in Florida Statutes Yes	
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent
		81	Name		
CHAPMAN, RAFAEL		82	Street Addre	ess (P.O. Box Number is Not Acceptable	)
7820 NW 62 ST Miami Fl 33144		83			
•		84	City		85 Zip Code
11 P respect to the explicitors of Cartiforn 607.06	02 and 607 1509. Florida Chab.	too the shale s	and and a		FL 65 Zip code
11. Persuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Fig. familiar with, and accept the obligations of, Se SIGNATURE  Signature type or puried name of agentic age.		eS.  Justine Corp.  S.  Justine Corp.  Justine Corp			DATE
12. OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE P	☐ DELFTE	1 1 TITLE			Change Addition
NAME CHAPMAN, RAFAEL		1.2 NAME			
SHEFTADDRESS 1627 BRICKELL AVE	4	1.3 STREE1	ADDRESS		
CHY-ST-ZP MIAMLEL		1.4 CITY - S	T-ZIP		
		THE OTHER			
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E (I) NAM:	DEFEIE				Change Addition
	□ DELETE	2 1 TITLE	ADORESS		Crange Addition
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of 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 of the corp, allon or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, it is a placement with an address. certify that the information indicated oath, that I am an officer or direct appears in Block 12 or Block 18 if c

**SIGNATURE:** 

1 av. NAME OF SIGNING OFFICER OR DIRECTOR

305-541-0009