

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

FILED
Feb 06, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

02-06-1999 90019 037 ****150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 676164

1. Corporation Name
M.C. PRINTING, INC.

Principal Place of Business Mailing Address
 7820 NW 62 ST 7820 NW 62 ST
 MIAMI FL 33166 MIAMI FL 33166
 US US

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
06/27/1980
 4. FEI Number Applied For
59-2014417 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CHAPMAN, RAFAEL
7820 NW 62 ST
MIAMI FL 33144

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, RAFAEL	1.2 NAME	
STREET ADDRESS	13780 SW 38 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, RALPH A	2.2 NAME	
STREET ADDRESS	8543 NW 198 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, RUDY	3.2 NAME	
STREET ADDRESS	20345 NW 36 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, RAFAEL P	4.2 NAME	
STREET ADDRESS	13780 SW 38 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MARTHA E	5.2 NAME	
STREET ADDRESS	13780 SW 38 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, CLEMENTINA M	6.2 NAME	
STREET ADDRESS	10860 SW 24 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	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: Chapman **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 (207) 591-0009
 Date Daytime Phone #

CR2E034 (1/98)