

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 679847 (4)
1. Corporation Name
BEST RUBBER STAMP AND SEAL CORPORATION

Principal Place of Business
1695 W. 39TH PLACE UNIT B
HIALEAH FL 33012

Mailing Address
1695 W. 39TH PLACE UNIT B
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same as above 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 1695 W 39 Place 27 Suite, Apt. #, etc. 28 Unit B - 29 City & State 30 Hialeah FL 33012 31 Zip 32 33012 33 Country 34 Dade.		3. Date Incorporated or Qualified 07/25/1980	
		4. FEI Number 59-2036749		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	
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent NEGRIN CARLOS 6180 W. 22 LANE HIALEAH FL 33016		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	NEGRIN, ELENA	1.2 NAME	
STREET ADDRESS	6180 W. 22 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 0	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	NEGRIN, CARLOS	2.2 NAME	
STREET ADDRESS	6180 W. 22 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 0	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE

E. Negrin

1-7-98 (305) 558-6670

CR2E034 (10/97)