Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90198 022 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 694312

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ALVAREZ PRINTING CO., INC.

	•								
Principal Place of Business Mailing Address							() <b>() () ()</b>		)† 01011 (001
C/O SUSANA A. HART C/O SUSANA A. HART									
6536 123RD AVE N 6536 123RD AVE N									
LARGO FL 34643 LARGO FL 34643				DO NOT WRITE IN T			IIS SPACE	·	
						3. Date Incorporated or Qualifed 07/13/1981			
Principal Place of Business 2a. Mailing Address					-	4. FEI Number		Аррі	ied For
26						59-2137793		Not.	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Iditional
22		27				3. Continue of Classes Beamer	Fe-	e Req	uired
City & State	9 ;	City & State				6, Election Campaign Financing			lay Be
23		28				Trust Fund Contribution		ded to	Fees
Zip	Country	Zip	·			8. This corporation owes the current year Intangible			
24	25		30	_		Personal Property Tax.	Yes		No
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	d Agent		_
HADT CHCAMA A				81	Name				
HART, SUSANA A 6536 123RD AVE N			7	82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
· · · · · · · · · · · · · · · · · · ·			L	_					
LARGO FL 34643				83				e .	
·				84	City		85	Zip Co	ode 🕖 :
[1] [1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4								, in	
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 A	gent	t signature req	uired when reinstating) DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			•	Cha	nge	Addition
NAME	ALVAREZ, JOSE L		1.2 NAME		1				Ì
STREET ADDRESS	6930 13TH AVE N	) 13TH AVE N 13		1.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL	BURG FL 10		1.4 CITY-ST-ZIP					
TITLE	<b>√D</b> □ DELETE 2.1 T		2.1 TITL	E			☐ Cha	inge	Addition
NAME	ALVAREZ, DULCE M 22N		2.2 NAM	Æ	1				,
STREET ADORESS	5930 13TH AVE N 238		2.3 STR	EET	ADDRESS				
CITY-ST-ZIP	T PETERSBURG FL 2.4		2. 4 CIT	Y-5	T-ZIP		ب		
TITLE	STD			E			Cha	inge	Addition
NAME	HART, SUSANA A		3.2 NAME						
STREET ADDRESS	13864 106TH AVE N		3.3 STREE		ADDRESS				
CITY-ST-ZIP	SEMINOLE, FL 00000 3.4.		3.4. CIT	Y-S	T-Z3P		_		
TITLE	V	☐ DELETE	4.1 TITLE				Cha	nge	☐ Addition
NAME	ALVAREZ, JOSE I. 4.3		4. 2 NA	ME					
STREET ADDRESS	COCC DADIL CYDEET #4		4.3 STR	EET	ADDRESS				
CITY-ST-ZIP	of perepopulor of			Y-ST	r-ZIP				
TITLE			5.1 ΠΠ				Cha	inge	☐ Addition
NAME			5.2 NAA	Æ					
STREET ADDRESS			5.3 STR	EET	ADDRESS				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

RTRESUSAWAJA. HART

4-20-99

727 531-6331

Change

☐ Addition