1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F03222

REPROGRAFIA, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90015 032 ***150.00



Principal Place of Business Mailing Address 7451 SW 50TH TERR 7451 SW 50TH TERR MIAMI FL 33155 MIAMI FL 33155				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 10/27/1980	113 SFACE	,
2. Principal Place of Business	— · · · · · · · · · · · · · · · · · · ·			4. FEI Number	<u> </u>	oplied For
21	26			59-2089836		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State	City & State .			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be
Zip Country	Zip	Cour	ntry	8. This corporation owes the current year	Intangible	
		30		Personal Property Tax.	□Yes	□No
9. Name and Address of Current R	egistered Agent		na N-	10. Name and Address of New Register	ed Agent	
CASO, RICHARD		1	81 Name			
7451 SW 50TH TERR			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
. MIAMI FL 33155		_		1970 19 1977 19 10 11 1875 15 1. 401	State of the participation of the state of t	23811 3 5 11 5 21
, 100100		<u></u>	83		机器进程	
·			84 City		85 Zip (Code
नीत्र एक त्राप्त भागर	tan kutshirt h			· F	┖╽╽	
Pursuant to the provisions of Sections 607.0502 at office or registered agent, or both, in the State of Fagent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent and printed name of registered agent	s of, Section 607.0505, Flor	ithorized ida Statut	by the corporation tes.	on's board of directors. I hereby accept the ap	pointment as re	gistered
12. OFFICERS AND D	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE PO	☐ DELETE	1,1 TITL	Æ	1.25	☐ Change	☐ Addition
NAME CASO, RICHARD		1.2 NAM	AE	•		·
STREET ADDRESS 7451 SW 50TH TERR		1.3 STR	REET ADDRESS			,ایـ
CITY-ST-ZIP MIAMI FL		1.4 C(T)	Y-ST-ZIP			
TITLE VP	☐ DELETE	2.1 T/ΓL	E	. •	Change	Addition
NAME CASO, MANUEL, JR.	•	2.2 NAM	/E			
STREET ADDRESS 7451 SW 50TH TERR	•	2.3 \$TR	EET ADDRESS			
CITY-ST-ZIP MIAMI FL (1997)		2.4 CIT	- 1	•		
TITLE CARS STROMATS			Y-ST-ZIP	· .		,
NAME CASO, LINDA	☐ DELETE	3.1 TITL			Change	Addition
STREET ADDRESS 7451 SW 50TH TERR	L. DELETE		E		☐ Change	Addition
CITY-ST-ZIP MIAMI FL	LJ DELETE	3.1 TITL 3.2 NAM	E	r jost it naciationi co	Change	Addition
TITLE	∟/ DELETE	3.1 TITL 3.2 NAM 3.3 STR	E AE	e o o o o o o o o o o o o o o o o o o o	☐ Change	Addition
	. DELETE	3.1 TITL 3.2 NAM 3.3 STR	E ME EET ADDRESS Y-ST-ZIP	ন বিভাগ কৰিব কৰিব কৰা মন্ত্ৰীয় কৰিব কৰিব কৰিব কুমিন্ত্ৰীয় বিভাগ কৰিব কৰিব কৰিব কুমিন্ত্ৰীয় বিভাগ কৰিব কৰিব কৰিব কৰিব	☐ Change	
NAME AND THE STATE OF THE STATE	. DELETE	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	E ME ME ME ME ME ME ME ME ME	্তি চুল্লেন্ড ক্লেন্ড ক তেন্ত্ৰীৰ ক্লেন্ড ক্ল		
NAME STREET ADDRESS		3.1 TITL 3.2 NAW 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM	E ME ME ME ME ME ME ME ME ME	្រៃ ប្រភពព័ត្របានការប៉ុន្តែ បានការប៉ុន្តិការប្រជាធិប្បនិត្ត ក្រៀបទី១ ប្រែក្រុម <u>២០៤៦ ស្រី ម៉ែ</u> ន សំនៃ ១៤០ ប្រទិស្សិក ប្រាប់ថា ប្រកាសន៍និង		
STREET ADDRESS	. DELETE	3.1 TITL 3.2 NAW 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR	E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS	্য বা প্ৰতি ক্ৰিয়ে বিভাগ কৰিছিল। ১৯০১ ১৯৯১ - ত্ৰিষ্ঠা ক্ৰিয়ে প্ৰতি ক্ৰিয়ে বিভাগ কৰিছি ১৯৯১ - ত্ৰিষ্ঠা কৰিছিল। ১৯৯১ - এই চিন্তু ক্ৰিয়ে বিভাগ কৰিছে ১৯৯১ - ত্ৰিষ্ঠা কৰিছে বিভাগ কৰিছে ক্ৰ		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	. DELETE	3.1 TITL 3.2 NAW 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR	E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS AE EET ADDRESS	্তি হৈ প্ৰতি কৰি কৰি কৰি কৰি কৰি কৰি কৰি কৰি কৰি কৰ	. Change	
STREET ADDRESS CITY- ST-ZIP	DELETE	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY	E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E FADORESS (-ST-ZIP E	্তি হৈ প্ৰতি কৰি কৰা কৰা কৰিছে বা কৰা কৰিছে ব প্ৰতি কৰিছে বা বিশ্ব কৰিছে বা		Addition
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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 suppliernental 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 of trustee ampowered 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 or an attachment with an address, with all other like empowered.

SIGNATURE