

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

• PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G45454 (7)**

1. Corporation Name  
**GREATER MIAMI TAPES & PACKAGING, INC.**



Principal Place of Business <b>701 WEST 26TH STREET HIALEAH FL 33010</b>	Mailing Address <b>701 WEST 26TH STREET HIALEAH FL 33010</b>
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2. Principal Place of Business 21 <b>2175 W SCOTT</b>	2a. Mailing Address 26 <b>P.O. Box 521506</b>	3. Date Incorporated or Qualified <b>06/09/1983</b>	3a. Date of Last Report <b>09/27/1995</b>
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	4. FEI Number <b>59-2468302</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>HIALEAH FL</b>	28 City & State <b>MIAMI FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>33010</b>	29 Zip <b>33152</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ALBERTO, PADRO</b> <b>7401 NW 68TH ST</b> <b>MIAMI FL 33152-8506</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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: \_\_\_\_\_  
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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRO, JOSE F.</b>		1.2 NAME	<b>MARIA M. SANTIS</b>			
STREET ADDRESS	<b>8881-B APT #204 FOUNTAINE BLUE BLVD</b>		1.3 STREET ADDRESS	<b>12364 S.W. 146 ST</b>			
CITY - ST - ZIP	<b>MIAMI FL</b>		1.4 CITY - ST - ZIP	<b>MIAMI FL 33186</b>			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRO, JOSE</b>		2.2 NAME				
STREET ADDRESS	<b>701 WEST 26 STREET</b>		2.3 STREET ADDRESS				
CITY - ST - ZIP	<b>HIALEAH FL</b>		2.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				
				<b>900001926449</b> <b>-08/20/96--01085--012</b> <b>***225.00</b>			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose F. Prado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/5/96** (305) 887-2850  
 System File #  
 000001926449

CR2E884(3/96)