

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:21

DOCUMENT # H62407 (2)

1. Corporation Name
KRAM PRINTING, INC.

Principal Place of Business

895 NE 125 STREET
NORTH MIAMI FL 33161
US

Mailing Address

~~4 HUGHES & SILVERS~~
~~1141 KANE CONCOURSE~~
~~BAY HARBOR ISLANDS FL 33154-2012~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/18/1985

3a. Date of Last Report
02/18/1994

4. FEI Number
59-2553382

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 ~~4 HUGHES SILVERS + GLASSMAN~~

Suite, Apt. #, etc.

27 1140 KANE CONCOURSE - 5th FLR

City & State

28 BAY HARBOR ISLANDS FL

Zip

29 33154

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERS, ROBERT HENRY
~~HUGHES & SILVERS~~
~~1141 KANE CONCOURSE~~
BAY HARBOR ISLANDS FL 33154

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 ~~4 HUGHES SILVERS + GLASSMAN~~

84 1140 KANE CONCOURSE - 5th FLR

City
BAY HARBOR ISLANDS

FL

85 Zip Code
33154

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRAM, STEVE
STREET ADDRESS	895 NE 125 ST
CITY - ST - ZIP	N MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Signature] President

Steve Kram

3-3-95

(305)

899-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number