

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H62407** (2)

1. Corporation Name

KRAM PRINTING, INC.



Principal Place of Business

**895 N.E. 125 STREET
NORTH MIAMI FL 33161
US**

Mailing Address

**C/O HUGHES SILVELRS & GLASSMAN
1140 KANE CONCOURSE - 5TH FLOOR
BAY HARBOR ISLANDS FL 33154
US**

3. Date Incorporated or Qualified
06/18/1985

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVERS, ROBERT HENRY
C/O HUGHES, SILVERS & GLASSMAN
1140 KANE CONCOURSE - 5TH FLOOR
BAY HARBOR ISLAND FL 33154**

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0542 and 607.1506, 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 of Registered Agent (if not the same as the corporation's officer or director)

Signature of Registered Agent (if not the same as the corporation's officer or director)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

P

**KRAM, STEVE
895 NE 125 ST
N MIAMI FL**

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

2. NAME

1.2 NAME

3. STREET ADDRESS

1.3 STREET ADDRESS

4. CITY, ST, ZIP

1.4 CITY, ST, ZIP

5. TITLE

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

6. NAME

2.2 NAME

7. STREET ADDRESS

2.3 STREET ADDRESS

8. CITY, ST, ZIP

2.4 CITY, ST, ZIP

9. TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

10. NAME

3.2 NAME

11. STREET ADDRESS

3.3 STREET ADDRESS

12. CITY, ST, ZIP

3.4 CITY, ST, ZIP

13. TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

14. NAME

4.2 NAME

15. STREET ADDRESS

4.3 STREET ADDRESS

16. CITY, ST, ZIP

4.4 CITY, ST, ZIP

17. TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

18. NAME

5.2 NAME

19. STREET ADDRESS

5.3 STREET ADDRESS

20. CITY, ST, ZIP

5.4 CITY, ST, ZIP

21. TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

22. NAME

6.2 NAME

23. STREET ADDRESS

6.3 STREET ADDRESS

24. CITY, ST, ZIP

6.4 CITY, ST, ZIP

14. I 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)(g), 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: **Steve Kram**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

899-8999

CR2E034 (12/95)