

FILED

Jan 29 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H62407 (2)**  
1. Corporation Name  
**KRAM PRINTING, INC.**

Principal Place of Business	Mailing Address
895 N.E. 125 STREET NORTH MIAMI FL 33161 US	<del>C/O HUGHES SILVEIRS &amp; GLASSMAN</del> Delete 1140 KANE CONCOURSE - 5TH FLOOR BAY HARBOR ISLANDS FL 33154-2045 US

<b>3. Date Incorporated or Qualified</b> <b>06/18/1985</b>	<b>3a. Date of Last Report</b> <b>01/30/1996</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b>	<b>26</b>

4. FEI Number <b>59-2553382</b>	Applied For
	Not Applicable

	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	

5. Certificate of Status Desired	<input checked="checked" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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City & State	City & State
23	28

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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Zip		Country		Zip		Country	
24		25		29		30	

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

9. Name and Address of Current Registered Agent		
SILVERS, ROBERT HENRY	<i>Delete this Line</i>	81 Name
<del>O/O HUGHES, SILVER &amp; GLASSMAN</del>		82 Street Address
1140 KANE CONCOURSE - 5TH FLOOR		83
BAY HARBOR ISLAND FL 33154		84 City

<b>10. Name and Address of New Registered Agent</b>		
ess (P.O. Box Number is Not Acceptable)		
<b>FL</b>	<b>85</b>	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 \_\_\_\_\_

[illegible]

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP	33161		
2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Barbara Kram		
2.3 STREET ADDRESS	845 NE 125 ST		
2.4 CITY - ST - ZIP	N Miami, FL 33161		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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.

**SIGNATURE:**

*[Signature]*

Steve Kram

1-16 97

305-894-8999

CR2E034 (9/96)