FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65083

(8)

2a. Mailing Address

City & State

7 p

Suite, Apt. #, etc.

ADVANCED PRINTING, INC.

25

BAKSH, NASSIM 4710 NW 165TH ST.

9. Name and Address of Current Registered Agent

Principal Place of Business	Mailing Address	
4710 MW 165TH STREET MIAMI FL 33014	4710 MW 165TH STREET MIAMI FL 33014	

FILED May 18 1998 8:00am Secretary of State

	DO NOT WRIT	E IN THIS	SPACE	£	
3.	Date Incorporated or Qualified				
	07/03/1985				
4.	FEI Number			Applied For	
	59-2554534			Not Applicable	Θ
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 owes or has p Personal Property Tax due Juni		rrent y		
10.	Name and Address of New R	egistered	Agent		_
	•				
s (P	O. Box Number is Not Accepta	bie)			_
			85	Zip Code	_

MIAMI FL 33014 83 City 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 607.0506, Figrida Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 111006 TITLE BAKSH, NASSIM 1.2 NAME STREET ADDRESS 4710 NW 165TH STREET 1.3 \$1REET ADDRESS HIALEAH FL 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2:3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME MALAF STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

Country

81 Name

Street Addres

30

14. Thereby 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 eath; 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:

4-30-98 (305)621-2040