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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CLINAENT #

101

1. Corporatio	D PRINT TWO, INC.	10	(6)				
Principal Place of Business Mailing Address						I homenit ook delikt godin hilleh dabiy belik bark biski	BIBIN OFOTA BY BIR BIBIN BUBIN 1880)
801 BRICKELL AVE ONE BRICKELL SOUARE MIAMI FL 33131 US		801 BRICKELL AVE ONE BRICKELL SQUARE MIAMI FL 33131 US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
A Dulandon D	None of Division	- 1 A- 14-10 A-1	-1			05/10/1989	T-12
2. Principat Place of Business		2a. Mailing Address				4. FEI Number 65-0136774	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	_	Country		8. This corporation owes or has paid the c	_ · _ •
24 25 29			30	<u>o </u>		Personal Property Tax due June 30.	Yes No
	Name and Address of Curr RU, GUILLERMO	ent Hegistered Agent	l	81	Name	10. Name and Address of New Registered	Agent
ONE BISCAYNE TOWER SUITE 2682 MIAMI FL 33131				82 83 84	Street Add	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant office or agent. La	Mullerna	9Keen				poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered appointment as registered 3/98
12.	Signature, typed or printed name of registered a	Mand tille Capplicable ND DIRECTORS	(NOTE R	13.	nt signature requ	ired when reinstating) / DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	D		DELETE	1.1 TITLE	——————————————————————————————————————	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	BRU, GUILLERMO			1.2 NAME			
STREET ADDRESS	ONE BISCAYNE TWR, LOI	RRY		1.3 STREET	ADDRESS		
CHY-SI-ZIP MIAMI FL				1.4 City - 5	1		l
TITLE	DELETE			2.1 TITLE			☐ Change ☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP				2. 4 CITY - S	T-ZIP		
TITLE	DELETE			3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
				3.4. CITY+S	T-ZIP		
TITLE		LJ	DELETE	4.1 TITLE	i		Change Addition
NAME				4. 2 NAME	l		l
STREET ADDRESS				4.3 STREET			
CITY-ST-ZIP			NEL EXE	4.4 CITY-ST	-ZIP		Otana I 1339
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition

CITY-ST-ZIP 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 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

3/23/98

305-371-7272

Change

Addition

FILED

Mar 26 1998 8:00am

Secretary of State