

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Wooten
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **L12742**

(7)

PRINTMAT CORPORATION

RECEIVED
MAY 13 11:10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 7286 SW 48TH STREET MIAMI FL 33155		2a. Mailing Address 151 MAJORCA AVE SUITE C CORAL GABLES FL 33134		3. Date Reported (or Quarter) 08/29/1989	3a. Date of Last Report 05/01/1994
2. Director (Name and Address) 21	2a. Mailing Address 26	4. FET Number 65-0146257	Applied For Not Applicable		
22. State Apt. # etc.	27. State Apt. # etc.	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24. County	25. County	29. County	8. This corporation has liability for intangible tax under 1993 QIA Filing Statutes ☐ Yes ☐ No		
24	25	29	30		

9. Name and Address of Current Registered Agent

**PRATS, GABRIEL, CPA
151 MAJORCA AVE
SUITE C
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office at 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 Sections 607.01 and 607.1508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Agent or Corporation Officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DSV ALVAREZ, MANUEL A. 7286 SW 48 ST. MIAMI FL	NAME	
STREET ADDRESS	DP	STREET ADDRESS	
CITY	ALVAREZ, TERESA M. 7286 SW 48 ST. MIAMI FL	CITY	
NAME	D	NAME	
STREET ADDRESS	ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL	STREET ADDRESS	
CITY	ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL	CITY	
NAME	D	NAME	
STREET ADDRESS	ALVAREZ, THERESA M. 7286 SW 48 ST. MIAMI FL	STREET ADDRESS	
CITY	GARCIA, LUIS E. 7286 SW 48 ST. MIAMI FL	CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation as stated in Sections 607.01 and 607.1508, Florida Statutes. I further certify that the information is submitted for the annual report or supplemental annual report to the State of Florida and that my signature shall have the same legal effect as if made and attested by the corporation or by the Secretary of State. I am familiar with and accept the obligations of Sections 607.01 and 607.1508, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:

Luis E. Garcia
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 (305) 663-9400