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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DOCUMENT #
1. Corporation Name

PRINTMAT CORPORATION



Principal Place of Business Mailing Address									
7286 SW 48TH STREET 151 MAJORCA AVE									
MIAMI FL 3	33155	SUITE C							
_		CORAL GABLES FL	. 33134			3. Date Incorporated or Qualified 08/29/1989	3a. Date	of Last F	
	Place of Business	2a. Mailing Address			-	4. FEI Number	<u> </u>		Applied For
21		26				65-0146257			Not Applicable
Suite, Apt.	c. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
City & Sta	ile	City & State				6. Election Campaign Financing			
23		28				Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i	ntangib⊌ ta		
24	25	29	30			Florida Statutes	□ No		
	9. Name and Address of Curre	nt Registered Agent	·			10. Name and Address of New R	egistered /	igent	
	,			81	Name				
Prats, Gabriel, CPA				82 Street A		ss (P.O. Box Number is Not Acceptab	ie)		
	AJORCA AVE								
SUITE				83					
CORAL	L GABLES FL 33134			84	City			85 Z	ip Code
					•		<u> </u>	i l	
11. Pursuant	to the provisions of Sections 607.050 ered agent, or both, in the State of Flor	2 and 607.1508, Florida Star	itutes, the abo	orno	amed corporal	ion submits this statement for the pur	pose of cha	nging its	registered office
familiar v	with, and accept the obligations of, Sec	tion 607.0505, Florida Statu	ites.	corpo	ation 5 Doard	от автостога. Т нагору всеерт тве аруж	m titilizett de	registeret	agent. ram
SIGNATURE									
	Signature typed or printed name of registered age		(NOTE: Registered	Agent :	signature required v		DATE		
12.	·	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI			 <u></u>
TITLE	DSV		1. 1 30				L	Change	Addition
NAME	ALVAREZ, MANUEL A.		1.2 NA						
STREET ADDRESS	1000 011 10 011				ADDRESS				
CITY - ST - ZIP	MIAMI FL	□ DELETE		ITY-ST-	- 7IP		· · · · ·	2 06	FT Address
THTLE	DP		2. 1 Ti						☐ Addition
NAME DISSET LIBROSON	ALVAREZ, TERESA M.				I		_] Change	
STREET ADDRESS	7286 SW 48 ST.		2.2 NA] Change	
			2.3 ST	TREET A	ADDRESS			_ Change	
CITY-SI-ZIP	MIAMI FL	F I DECETE	2.3 ST 2.4 Cl	TREET A			····		
TITLE	MIAMI FL D	☐ DELETE	2.3 ST 2.4 CF 3. 1 TI	TREET A ITY-ST- ITLE				Change	Addition
TITLE	MIAMI FL D ALVAREZ, MANUEL E.	☐ DELETE	2.3 ST 2.4 Cl ² 3. 1 Tl 3.2 NA	TREET A ITY-ST- ITLE AME	- ZIP		Ε		
TITLE NAME STREET ADDRESS	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST.	☐ DELETE	2.3 ST 24 CF 3. 1 TI 3.2 NA 3.3. SI	TREET A TY-ST- TLE AME TREET A	- ZIP ADDRESS		E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL	_	2.3 ST 2.4 CF 3. 1 TF 3.2 NA 3.3. SF 3.4 CF	TREET A ITY-ST- ITLE AME TREET A ITY-ST-	- ZIP ADDRESS] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D	☐ DELETE	2.3 ST 2.4 Cr 3.1 Ti 3.2 NA 3.3 SI 3.4 Cr 4.1 Ti	TREET A ITY-ST- ITEE AME TREET A ITY-ST- ITUE	- ZIP ADDRESS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M.	_	2.3 ST 2.4 CF 3. 1 TI 3.2 NA 3.3 SI 3.4 CF 4.1 TI 4.2 NA	TREET A TY-ST- TLE AME TREET A TY-ST- TLE AME	- ZIP ADDRESS - ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST.	_	23 ST 24 CT 3.1TI 32 NA 33.SI 34 CI 4.1TI 42 NA 43 ST	TREET A ITY-ST- ITEE AME TREET A ITY-ST- ITLE AME	-ZIP ADDRESS -ZIP ADDRESS] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL	☐ DELETE	23 ST 24 CT 3. TT 32 NA 33. SI 34 CF 4. TT 42 NA 43 ST 44 CF	TREET A TY-ST- TREET A TY-ST- TLE AME TREET A TY-ST-	-ZIP ADDRESS -ZIP ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL D	_	23 ST 24 CT 3.1TI 32 NA 33. SI 34 CI 4.1TI 42 NA 43 ST 44 CF 5.1TI	TREET A TY-ST- TREET A TY-ST- TLE AME TREET A TY-ST- TLE TREET A	-ZIP ADDRESS -ZIP ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL D ALVAREZ, THERESA M.	☐ DELETE	23 ST 24 CT 3.1TI 32 NA 33. SI 34 CI 4.1TI 42 NA 43 ST 44 CF 5.1TI 52 NA	TREET A ITY-ST- ITEE AME ITY-ST- ITLE AME TREET A ITY-ST- ITLE AME	ADDRESS -ZIP DORESS -ZIP			Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL D ALVAREZ, THERESA M. 7286 SW 48 ST.	☐ DELETE	23 ST 24 CI 3.1TI 32 NA 33.SI 34 CI 4.1TI 42 NA 43 ST 44 CI 5.1TI 52 NA 53 ST	TREET A ITY-ST- ITLE AME ITY-ST- ITLE AME ITY-ST- ITLE AME ITY-ST- ITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			Change	Addition Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL D ALVAREZ, THERESA M.	☐ DELETE	23 ST 24 CT 3.1TI 32 NA 33.SI 34 CT 4.1TI 42 NA 43 ST 44 CF 5.1TI 52 NA 53 ST 54 CF	TREET A TY-ST- TREET A TREET A TY-ST- TREET A TREET A TY-ST- TREET A TREET A TREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		C	Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL D ALVAREZ, THERESA M. 7286 SW 48 ST. MIAMI FL T	☐ DELETE	23 ST 24 CI 3.1TI 32 NA 33. SI 34 CI 4.1TI 42 NA 43 ST 44 CI 5.1TI 52 NA 53 ST 54 CI 6.1TI	TREET A TY-ST- THE AME TREET A TY-ST- THE TY-ST- THE THE THE THE THE THE THE T	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		C	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL D ALVAREZ, THERESA M. 7286 SW 48 ST. MIAMI FL T GARCIA, LUIS E.	☐ DELETE	23 ST 24 CI 3.1TI 32 NA 33. SI 34 CI 4.1TI 42 NA 43 ST 44 CI 5.1TI 52 NA 53 ST 54 CI 6.1TI 62 NA	TREET A TTY-ST- TTEE TREET A TTREET A TTY-ST- TTEE TREET A TTY-ST- TTEE TTY-ST- TTEE TTY-ST- TTTY-ST- TTTY- TTTY-ST- TTTY-ST- TTTY-ST- TTTY-ST- TTTY-ST- TTTY-ST- TTTY- TTTY-ST- TTTY- TTTY-ST- TTTY- TTT	- ZIP ADDRESS - ZIP DORESS - ZIP ODRESS - ZIP		C	Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL D ALVAREZ, MANUEL E. 7286 SW 48 ST. MIAMI FL D ALVAREZ, PATRICIA M. 7286 SW 48 ST. MIAMI FL D ALVAREZ, THERESA M. 7286 SW 48 ST. MIAMI FL T GARCIA, LUIS E.	☐ DELETE	23 ST 24 CI 3.1TI 32 NA 33.SI 34 CI 4.1TI 42 NA 43 ST 44 CI 5.1TI 52 NA 53 ST 54 CI 6.1TI 62 NA 63 SI	TREET A TTY-ST- TTEE TREET A TTREET A TTY-ST- TTEE TREET A TTY-ST- TTEE TTY-ST- TTEE TTY-ST- TTTY-ST- TTTY- TTTY-ST- TTTY-ST- TTTY-ST- TTTY-ST- TTTY-ST- TTTY-ST- TTTY- TTTY-ST- TTTY- TTTY-ST- TTTY- TTT	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS		C	Change Change	Addition Addition

GNATURE:

SIGNATURE:

SIGNATURE AND TYPE OF PRIVITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPE OF PRIVITED NAME OF SIGNING OFFICER OR DIRECTOR

Turning to receit 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.

GNATURE:

SIGNATURE AND TYPE OF PRIVITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPE OF PRIVITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: