

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90006 023 ***158.75

DOCUMENT # **L12742**

1. Corporation Name

PRINTMAT CORPORATION

Principal Place of Business

7286 SW 48TH STREET
MIAMI FL 33155

Mailing Address

151 MAJORCA AVE
SUITE C
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1989

4. FEI Number

65-0146257

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **2121 PONCE DE LEON BLVD.**

Suite, Apt. #, etc.

27 **240**

City & State

28 **CORAL GABLES, FL**

Zip

Country

29 **33134**

Country

30 **USA**

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

GABRIEL PRATS

82 Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD.

83

SUITE 240

84 City

CORAL GABLES, FL

FL

85 Zip Code

33134

-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 used to apply.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DSV**
ALVAREZ, MANUEL A.
STREET ADDRESS **7286 SW 48 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DP**
ALVAREZ, TERESA M.
STREET ADDRESS **7286 SW 48 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**
ALVAREZ, MANUEL E.
STREET ADDRESS **7286 SW 48 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DV**
ALVAREZ, PATRICIA M.
STREET ADDRESS **7286 SW 48 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**
ALVAREZ, THERESA M.
STREET ADDRESS **7286 SW 48 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99 305663-9400

CR2E034 (11/98)