

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L30053** (7)

1. Corporation Name

GIANT PRINTS, INC.



Principal Place of Business

**5255 NW 165TH ST.
MIAMI FL 33014**

Mailing Address

**5255 NW 165TH ST.
MIAMI FL 33014**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**SKRANDE, ADOLFO
11827 SW 97TH ST
MIAMI FL 33176**

3. Date Incorporated or Qualified

11/16/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0156174

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Adolfo Skrande

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

8065 Los Pinos Circle

83

84 City

Coral Gables,

FL

85

33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

SKRANDE, ADOLFO

STREET ADDRESS

11827 SW 97TH ST

CITY - ST - ZIP

MIAMI FL

TITLE

OV

☐ DELETE

NAME

MENDEZ, IGNACIO

STREET ADDRESS

14341 ARLINGTON PLACE

CITY - ST - ZIP

DAVE FL

TITLE

DS

☐ DELETE

NAME

MENDEZ, ARMANDO

STREET ADDRESS

7450 N. AUGUSTA DR.

CITY - ST - ZIP

MIAMI FL

TITLE

DT

☐ DELETE

NAME

AMOR, CARLOS

STREET ADDRESS

7635 W 28TH AVE

CITY - ST - ZIP

HIALEAH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DP

☒ Change

☐ Addition

1.2 NAME

Adolfo Skrande

1.3 STREET ADDRESS

8065 Los Pinos Circle

1.4 CITY - ST - ZIP

Coral Gables, Florida 33143

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

DT

☒ Change

☐ Addition

4.2 NAME

Carlos Amor

4.3 STREET ADDRESS

8960 SW 4th Street

4.4 CITY - ST - ZIP

Miami, Florida 33174

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED PHONE #

4-24-1996 305-628-3304

CR2E034 (12/95)