FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L62565** **(1)**

1. Corporation Name

NU-PRESS PRINTING, INC.

Principal Place of Business	Mailing Address
1221 BRICKEL AVE SE 900 MIAMI FL 33131 US	1221 BRICKELL AVE STE 900 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/05/1990
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 4444 SW 71ST AVE	26 4444 S.W. 71ST AVE
Suite, Apt. #, etc. 22 107	Suite, Apt. #, etc. 27 107
City & State 23 MIAMI FL.	City & State 28 MIAMI FL.
Zip / Country 24 33155 / 25 US	Zip / Country 29 33155 / 30 US

4. FEI Number: 65-0187498 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMARO, M. BARBARA 2000 S DIXIE HWY SUITE 102 MIAM FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	O	☒ Change ☐ Addition
NAME	ENRIQUE DE LA VEGA	12 NAME	Casamayor, Luis	
STREET ADDRESS	1221 BRICKEL AVE STE 900	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	REMOVE	
TITLE	O	21 TITLE	D	☒ Change ☐ Addition
NAME	CASAMAYOR, LUIS	22 NAME	ENRIQUE DE LA VEGA	
STREET ADDRESS	1221 BRICKEL AVE SUITE 900	23 STREET ADDRESS	4444 S.W. 71 ST AVENUE Suite 107	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL 33155	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: _____ 4-15-95 (305)6606785
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0437720 FP