

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L69736** (1)

1. Corporation Name

COPYMASTERS U S A. INC.

Principal Place of Business

**8087 W. OAKLAND PARK BLVD
SUNRISE FL 33351
US**

Mailing Address

**8087 W OAKLAND PARK BLVD
SUNRISE FL 33351
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Created 05/02/1990	3a. Date of Last Report 05/01/1994
4. FFI Number 65-0191269	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 failed, for purposes for under § 602.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc.	Suite, Apt. # etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JONAS, ROYAL FLAGG 300-71ST STREET SUITE 630 MIAMI BEACH FL 33141		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. I, the undersigned, the registered agent of the corporation named herein, hereby accept the appointment as registered agent for the purposes of changing its registered office or registered agent, in 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD JAFFE, SARA B. 7090 NW 49TH PLACE LAUDERHILL FL 33319-3436	1. NAME	☐ Change ☐ Addition
2. NAME		2. NAME	☐ Change ☐ Addition
3. NAME		3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the receiver or trustee of a corporation or am authorized to sign into the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or in an attachment with this filing.

SIGNATURE:

Sara B. Jaffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR
SARA B. JAFFE
PRES.

5/4/95 305-746 8300
Telephone Number