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

**PROFIT CORPORATION** ANNUAL REPORT

1999

MIAMI, FL. 33166

2. Principal Place of Business

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

1. Corporation Name

SERMAR PRINTING, INC

Mailing Address

2a. Mailing Address

Principal Place of Business 8412 N.W. 61 TH ST

8412 N.W. 61 FY ST.

MIAMI, FL. 33166

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90082 035 \*\*\*150.00

デュン NOT WRITE IN THIS SPACE

4-12-98

- Applied For

. 3. Date Incorporated or Qualifed

-4.=FEI:Number-

| 21   | 26   |                 |                           |   |            | 65-0196329                       |              | No          | t Applicable |
|--|--|-----------------|---------------------------|---|------------|----------------------------------|--------------|-------------|--------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                 |                           |   |            | 5. Certifcate of Status Desired  |              | \$8.75 A    | dditional    |
| 22   | 27   |                 |                           |   |            | 5. Certificate of Status Desired |              | Fee Re      | quired       |
| City & State City & State  |  |                 |                           |   |            | 6. Election Campaign Financing   |              | \$5.00      | May Be       |
| 23 28  |  |                 |                           |   |            | Trust Fund Contribution          |              | Added to    | o Fees       |
| '  |  |                 |                           | ntry  |            | 8. This corporation owes the cur | rent year In |             | _            |
| 24   | 25 29 30   |                 |                           |   |            | Personal Property Tax.           | <del></del>  |             | □No          |
| Name and Address of Current Registered Agent   |  |                 |                           |   |            | 10. Name and Address of New      | Registered   | Agent       |              |
|  |  |                 |                           | 81 Name MARRERO SERGIO                                |            |                                  |              |             |              |
| PERNANDEZ, CRISTINA P.   |  |                 |                           | 82 Street Address (P.O. Box Number is Not Acceptable) |            |                                  |              |             |              |
| 2311 S.W. 89 TH COURT  |  |                 |                           | 8412 N.W. 61 TH ST                                    |            |                                  |              |             |              |
| MIAMI, FL. 33165   |  |                 |                           | 83  |            |                                  |              |             |              |
|  |  |                 |                           | 84 City   |            |                                  |              | 85 Zip C    |              |
|  |  |                 |                           | MIAMI   33166   |            |                                  |              |             |              |
| 11. Pursuant to the previsions 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 Lam tambler with and accept the obligations of Section 607 0505. Florida Statutes  |  |                 |                           |   |            |                                  |              |             |              |
| SIGNATURE LANGUE WORN  |  |                 |                           |   |            |                                  |              |             |              |
| 40   | Signature—resident protection of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |                 |                           |   |            |                                  |              |             | DC IN 42     |
| 12.  | OFFICERS AND I   | DELETE          | 13.                       |   |            | ADDITIONS/CHANGES TO OF          | -FICERS AF   | Change      | Addition     |
| TITLE  | PD   | □ DELETE        |                           | 1.1 TITLE<br>1.2 NAME                                 |            |                                  |              | ☐ criange   | ☐ Accilion   |
| NAME   | MARKERO SERGIO   |                 |                           | _   | _          |                                  |              |             |              |
| STREET ADDRESS   | 7190 WEST 50 TH AVE  |                 |                           | REET ADDRES   | SS         |                                  |              |             |              |
| CITY-ST-ZIP  | <u>HIALEAH, FL. 330</u>  | 1.6<br>□ DELETE | 1.4 CITY<br>LETE 2.1 TITL |   |            |                                  |              | Change      | Addition     |
| TITLE  | SD   | _               |                           |   |            |                                  |              | ☐ Change    | [] Addition  |
| NAME   | MAKKEKU KEBECA   |                 | 2.2 NA                    |   |            |                                  |              |             |              |
| STREET ADDRESS   | 7190 WEST SO TH AVE  |                 |                           | REET ADDRES   | ss         |                                  |              |             |              |
| CITY-ST-ZIP  | 111111111111111111111111111111111111111  |                 | •                         | Y-ST-ZIP  |            |                                  | <del></del>  | [7] Change  | Addition     |
| TITLE  |  | J DELETE 3.1 TI |                           |   |            |                                  |              | □ Oligilige |              |
| NAME   |  |                 |                           |   |            |                                  |              |             |              |
| STREET ADDRESS   | 1  |                 |                           | REET ADDRES   | ss         |                                  |              |             | 1            |
| CITY-ST-ZIP  |  |                 | 3.4. CT<br>4.1 TIT        | Y-ST-ZIP  |            |                                  | <del></del>  | ☐ Change    | Addition     |
| · · · · · · · · · · · · · · · · · · ·  |  | - Detrie        | 1                         |   | 1          |                                  |              | ☐ Ontango   |              |
| NAME<br>OTREET ADDRESS   | •  |                 | 4. 2 NA                   |   | <u>,  </u> |                                  |              |             |              |
| STREET ADDRESS   |  |                 |                           | REET ADDRES   | ×5         |                                  |              |             | 1            |
| CITY-ST-ZIP<br>TITLE   |  | ☐ DELETE        | 4.4 CIT                   | Y-ST-ZIP  |            |                                  |              | ☐ Change    | Addition     |
| NAME   |  | 23 DELET-       | 5.2 NA                    |   |            |                                  |              |             |              |
| STREET ADDRESS   |  |                 | 5.3 STF                   | EET ADDRES  | s          |                                  |              |             |              |
| CITY-ST-ZIP  |  |                 | 5.4 CIT                   | Y-ST-ZIP  |            |                                  |              |             |              |
| TITLE  |  | ☐ DELETE        | 6.1 TIT                   |   | +          | ·                                | <del>-</del> | ☐ Change    | Addition     |
| NAME   |  | <del>_</del>    | 6.2 NA                    | Æ   |            |                                  |              | _ •         | _            |
| STREET ADDRESS   |  |                 | 6.3 STF                   | EET ADORES  | is         |                                  |              |             |              |
| CITY-ST-ZIP  |  |                 |                           | /-ST-ZIP  | 1          |                                  |              |             |              |
| 14. I hereby certify that the information supplied with this filling 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. For on an attachment with an address, with all other like empowered. |  |                 |                           |   |            |                                  |              |             |              |