

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # M10792

(3)

95 MAY -1 PM 11:23

1. Corporation Name

GONZALEZ PRINTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1557 NW 27TH AVE.
MIAMI FL 33125**

Mailing Address

**1557 NW 27TH AVE.
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/30/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2493136

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

Zip

Country

24

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

**GONZALEZ, MODESTA
600 SW 9 AVENUE
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **GONZALEZ, MODESTA**
STREET ADDRESS **1557 N.W. 27TH AVENUE**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D**
NAME **GONZALEZ, JOSE**
STREET ADDRESS **1557 N.W. 27TH AVENUE**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D**
NAME **ALONSO, IDANIA**
STREET ADDRESS **1557 N.W. 27TH AVENUE**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 190.07(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:

Modesta Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

305-620-5610

(Date)

(Phone/Fax #)