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

Feb 04 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (4) SILK SCREEN PRINT CORP. Principal Place of Business Mailing Address 7905 N.W. SETH STREET 7905 N.W. 56TH STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2591399 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country This corporation owes or has paid the current year Intangible Yes Yes 29 Personal Property Tax due June 30. 25 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name **BURGOS, ALBERTO** 9420 W. FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) **APT. 210 MIAMI FL 33174** 83 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 Signature, typed or printed name of registered agent and title if applicable. (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 11 TITLE ☐ Change Addition TITLE **BURGOS, ALBERTO** NAME 1.2 NAME CR2E034 0100 W FLACUST ST 1210 7905 71W 5657 1.3 STREET ADDRESS STREET ADDRESS MIAMIFL --CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition 21 DILE TITLE BURGOS, PATRICIA NAME 2.2 NAME 0420 W. FLAGER ST. #210. STREET ADDRESS 2.3 STREET ADDRESS MAMPL --CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SUMBER TORGE NAME 3.2 NAME 1481 S.W. 121 UNIT P 3.3 STREET ADDRESS STREET ADDRESS WANTE CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE RODRIGUEZ, CARMEN NAME 4. 2 NAME 1481 S.W. 121 OT. UNIT E STREET ADDRESS 4.3 STREET ADDRESS MAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME

14. I hereby certify that the information supplied with this filling those 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 received or trust compowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of on an attacking my with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1000

(305) 591-1006

☐ Change

Addition

FILED