

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M24485 (8)
1. Corporation Name
PRINT-A-MATICS, INC.



Principal Place of Business
8630 EAST 4TH AVENUE
HIALEAH FL 33013

Mailing Address
3830 EAST 4TH AVENUE
HIALEAH FL 33013-2704

3. Date Incorporated or Qualified 12/11/1985
3a. Date of Last Report 04/17/1996

2. Principal Place of Business
21 4225 EAST 4TH AVE
Suite, Apt. #, etc.

4. FEI Number 59-2616606
Applied For Not Applicable

22 1
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 HIALEAH, FL
City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33013
Zip

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

25 DADE
Country

9. Name and Address of Current Registered Agent

26 CABRERA, ALBERTO
5700 S.W. 193 PLACE UNIT 4
MIAMI FL 33183

10. Name and Address of New Registered Agent

27
Suite, Apt. #, etc.

81 Name ALBERTO CABRERA

28
City & State

82 Street Address (P.O. Box Number Not Applicable) 14735 SW 68 TER.

29
Zip

83

30
Country

84 City MIAMI FL 85 331

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME DP CABRERA, ALBERTO
STREET ADDRESS 14735 SW 68TH TERR
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.3 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 _____

CR2E034 (9/96)