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Jan 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 # M24553 (3)

1. Corporation Name
COMMUNIPRINT CORP.

Principal Place of Business
4344 S.W. 73RD AVENUE
MIAMI FL 33155

Mailing Address
4344 S.W. 73RD AVENUE
MIAMI FL 33155-4552



3. Date Incorporated or Qualified
12/09/1985

3a. Date of Last Report
04/18/1996

2. Principal Place of Business
21 12000 S.W. 114 PL
Suite, Apt. #, etc.

2a. Mailing Address
26 12000 S.W. 114 PL
Suite, Apt. #, etc.

4. FEI Number
59-2690356
Applied For
Not Applicable

22 City & State
Miami, FL

27 City & State
Miami, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip
33176

28 Zip
33176

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

24 Country
USA

29 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMPKINS, VALERIE
11801 BISCAYNE BLVD.
STE. 301
MIAMI FL 33155

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 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director or registered agent or title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PT	TARVES, VINCENT J	18775 S.W. 238TH STREET	HOMESTEAD FL	<input type="checkbox"/>
VP	EDGMAN, ROBERT T	1022 S.W. 78TH PLACE	MIAMI FL 33144	<input type="checkbox"/>
COBS	HAMMOND, JOSEPH A	118 SUMAC STREET	PHILADELPHIA PA 19128	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		Homestead, FL	33013	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		9894 Hammock Blvd	MIAMI FL 33194	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
		264 Ojibway Trail	Medford Lakes, NJ 08065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: Vincent J. Tarves Jr. 1/8/97 305-378-8480

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CR2E034 (9/96)