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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

M24891

(7)

ENTERPRISE PRINTING, INC.						
Principal Place of	Business	Mailing Address		i (Mainfil) fil fillik dinns lawa ia	i fil film i menet minit mener min	TI BIBIL DIBIL IDEL
415 N.W. 287 MIAMI FL 331		415 N.W. 28TH ST. MIAMI FL 33127				
				3. Date incorporated or Qualified 12/20/1985	3a. Date of Last Re 04/03/19	
2. Principal Place 21 3026	N. Miam Arenve	2a. Mailing Address 26 3026 N. M.	iami Avenue	4. FEI Number 59-2627863	↓	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip 20 0	Country	Zip 32122	Country SA	8. This corporation has liability for it	ntangible tax under s	
4 3312	7 25 15 1		30 054	Tiorida diatates		
	9. Name and Address of Currer	nt Registered Agent	Od None	10. Name and Address of New R	egistered Agent	
			81 Name	ma Schacler		
	DENNIS G.		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le) PNILI.	
	415 N.W. 28TH ST.			10, 19, word /110	eime	
MIAMI F	L 33127		83			
			84 City 1	n iaa'i	F1 "	PS3127
11 Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named corno	alion submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its	registered office
or registered	agent, or both, in the State of Flori	ida. Such change was authorized	by the corporation's boe	rd of directors. I hereby accept the appo	ointment as registered	agent. i am
	and accept in gopingators of peo	10-15 - Ina	i G. Sélfa	der	JE11196	
SIGNATURE	grand appropriate name of registered agen	nt and title I applicable. (NOTE:	: Registereci Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	ORS IN 12 Addition
TITLE	D	DELETE	1. 1 TITLE	resident	r , unange	Audition
NAME	EVANS, DENNIS G.		1.2 NAME V	ictor Schaeter		
STREET ADDRESS	415 N.W. 28TH ST.		(L	330 PM 13 330	026	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP	ger king.	Change	[*] Addition
TITLE	VST	☐ offer	2. 1 TITLE			
NAME	GOMEZ, ANA					
			22 NAME			
STREET ADDRESS	3857 BARBADOS AVE		2 3 STREET ADDRESS			
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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 of Block 13 if changled, or ob, an attachment with an address.

IGNATURE

SIGNATURE

SIGNATURE AND PERFORM PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE)