FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 AM 10:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M27577 (9)

1. Corporate Name

PRINTERS' MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
4444 S.W. 71ST AVE. #104 MIAMI FL 33155	4444 S.W. 71ST AVE. #104 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1986

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # — 22 / 27

City — 23 / 28

State — 24 / 29

County — 25 / 30

4. FEI Number: 59-2636430 ☐ Applied For ☐ Not Applicable

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

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

8. The corporation has totally or partially tax under S. 220.02 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARROYO, ENRIQUE
1550 MADRUGA AVE., SUITE 230
CORAL GABLES FL 33146

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 Section 607.0502 and/or 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

12. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	BRAUER, CARL D.
STREET ADDRESS	4444 S.W. 71 AVE. 104
CITY-STATE-ZIP	MIAMI FL
TITLE	S
NAME	BRAUER, CARL, D
STREET ADDRESS	4444 SW 71 AVE #104
CITY-STATE-ZIP	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I hereby certify that the information supplied with this report is accurately typed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 a director or officer 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 1 or Block 2 above or on an attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

DATE

665-5285

TELEPHONE #

0100161 CP