

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # M27577

(9)

10 MAY -1 AM 10:02

To: Corporation Name

PRINTERS' MANAGEMENT COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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. This corporation has liability for administrative fees under N. 199-002
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State, April 1st

26. State, April 1st

22. City & State

27. City & State

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30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named Corporation submits this statement for the purpose of changing its registered office or registered agent in 1995 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 authorized to accept the stipulations of Section 607.0904, Florida Statutes.

SIGNATURE

Signature of the person filing this statement

Signature of the person filing this statement

AT

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

01. NAME
PVT
BRAUER, CARL D.
4444 S.W. 71 AVE. 104
MIAMI FL
02. NAME
S
BRAUER, CARL, D
4444 SW 71 AVE #104
MIAMI FL
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199-002, Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief 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 199-002, Florida Statutes, and that my name appears in 199-002, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

665 8285