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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

C/O JUAN C. CORDOVA

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

Zip

**SIGNATURE** 

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

24

8685 N.W. 66 ST.

MIAMI FL 33166



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

CORDOVA, JUAN C. 8685 N.W. 66 ST.

**MIAMI FL 33166** 

(1)

Mailing Address

8685 N.W. 66 ST.

MIAMI FL 33166

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

C/O JUAN C. CORDOVA

VICTOR'S DIE CUTTING INC.

**FILED** Apr 27 1998 8:00am Secretary of State

X Yes

Zip Code

Change

Addition

Addition .

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DO NOT WRITI	E IN THIS	SPACE
<ol> <li>Date Incorporated or Qualified</li> <li>10/09/1986</li> </ol>		
4. FEI Number 59-2726464		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 owes or has no	aid the cu	rrent vear Intangible

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

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Signature, typed or printed name of registered agent and title if applicable (NCTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition CORDOVA, JUAN C. 1.2 NAME 8685 N.W. 66 ST. STREET ADORESS 1.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City - St - ZiP DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME **STREET ADDRESS** 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

Country

81

83 84 City

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.

30

CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. I 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 13 if changed, or on a static that it with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

DELETE

DELETE