

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M71487 (6)
1. Corporation Name
JUST FAST PRINTING, INC.

Principal Place of Business
**1674 MERIDIAN AVENUE
SUITE 106
MIAMI BEACH FL 33139**

Mailing Address
**1674 MERIDIAN AVENUE
SUITE 106
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/01/1988

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

4. FEI Number
65-0085375

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**

7. This corporation has liability for intangible tax under S. 190.092,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **1674 MERIDIAN AVE.**
Suite, Apt. #, etc.
22 **SUITE # 104**
City & State
23 **MIAMI BEACH**
Zip Country
24 **33139** 25 **FL**

2a. Mailing Address
26 **1674 MERIDIAN AVE.**
Suite, Apt. #, etc.
27 **SUITE # 104**
City & State
28 **MIAMI BEACH**
Zip Country
29 **33139** 30 **FL**

9. Name and Address of Current Registered Agent

**JUSTAFRE, ELADIO
5334 W. 23RD COURT
HIALEAH FL 33016**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JUSTAFRE, ELADIO
STREET ADDRESS	5334 W. 23RD COURT
CITY - ST - ZIP	HIALEAH FL
TITLE	TD
NAME	JUSTAFRE, ROSA
STREET ADDRESS	5334 W. 23RD COURT
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Eladio Justafre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Typed Name

4-21-1994 (305) 674-1047