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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9200003232 (5)

J.E.M. QUALITY PRINTERS, INC. Principal Place of Business Mailing Address 4112 S.W. 98TH AVENUE 7350 NW 7 ST. MIAMI FL 33165 DO NOT WRITE IN THIS SPACE MIAMI FL 33165 3. Date Incorporated or Qualified 11/03/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0371097 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. X 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VASALLO, PILAR 4112 SW 98TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 84 City 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, typied or printed same of tegistered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 11 TITLE VASALLO, JESUS F 1 2 NAME NAME 4112 SW 98 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 21 TITLE VASALLO, PILAR 2.2 NAME NAME 4112 SW 98 AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 61 TITLE 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 trustifu impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 and attachment with in appress.

**SIGNATURE:** 

4-22-98 305-262-1700

FILED

May 05 1998 8:00am

Secretary of State