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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000007148 (9)

SOUTH FLORIDA PRINT MASTERS, INC.

Principal Place of Business Mailing Address

FILED May 07 1997 8:00am Secretary of State



r incipal riace or pusitoss		Mailing Address					
3225 S.W. 26TH STREET MIAMI FL 33133		3225 S.W. 26TH STREET MIAMI FL 33133-2025		·			
				Date Incorporated or Qualified 11/24/1992		Date of Last Report 06/25/1996	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			65-0370793		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	_	5.00 May Be dded to Fees
Ζιρ 24	Country Zip Coun 25 29 30		Country	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	g. Name and Address of Curre		1221		10. Name and Address of New Re	glatered Agent	
FER	NANDEZ, DIANA O.		B1	Name			
3225 SOUTH WEST 26TH STREET MIAMI FL 33133				82 Street Address (P.O. Box Number is Not Acceptable)			
			63		<u> </u>		
ı			84	City		FL B5	Zip Code
agent. Fa SIÇNATURE	I'm Tarrilliar Willi, and accept the oblig				poration submits this statement for the pation's board of directors. I hereby accelulated when reinstating)	DATE	***********
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS IN 12
THTLE	\$TD	DELETE	1.1 TITLE			☐ Ch	nange Addition
NAME	FERNANDEZ, DIANA		1,2 NAME				
STREET ADDRESS	3225 S.W. 26TH ST.		1.3 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL 33133	- Britis	1.4 CITY - S	ST - ZIP			m Puling
TITLE	PD FEDNANDEZ DIONICIO	DELETE	2.1 TITLE			☐ Ch	nange L. Addition
NAME	FERNANDEZ, DIONISIO 3225 S.W. 26TH ST.		2.2 NAME		•		
STREET ADDRESS	MIAMI FL		2 3 STREET 2. 4 City-				
C:TY - ST - ZIP TITLE	HINNI I L	☐ DELETE	3.1 TITLE	51-217		☐ Ch	nange Addition
NAME			3 2 NAME	*			
STREET ADDRESS			3 3 STREET	l l			
CITY-ST-ZIP			3 4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Ch	iango 🔲 Additio
NAME			4. 2 NAME			1	\mathcal{N}_{λ} (XX)
STREET ADDRESS			4.3 STREET	ADDRESS		1	$(-)^{\prime\prime}()$
CHY-ST-ZIP		□ Br. Ftf	4.4 CITY-5	ST-ZIP		FT 6:	
TITLE		☐ DELETE	5.1 TITLE				nange Addition
NAME			5.2 NAME				
STREET ADORESS				TADORESS			
CITY-ST ZIP		☐ DELETE	5.4 CITY - 1 6.1 TITLE	ST-ZIP		☐ Cr	hange Addition
TITLE		☐ DETEIL	6.2 NAME		20000216		
NAME STREET ADORESS				TADDRESS	30000216 -05/15/97010 ***165.00	85n31	r.
					***165_00	THE THE PART OF	
CHY-ST-ZIP			6.4 CITY-	31-ZIF	***************************************		

14. I do hereby certify that the information surplied 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 12 or Block 12 or Block 12 or or an attachment with an address.

SIGNATURE: