## 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

## DOCUMENT # P92000007148 (9)

SOUTH ELORIDA PRINT MASTERS INC

3001	THE PERIOD THE PROPER	10; INO;		1 18 18 18 18 18 18 18 18 18 18 18 18 18
Principal Pla	ace of Business	Mailing Address	<u> </u>	- 19811001 119 tolit stoll doll golli golli golli colli colli colli biski dibol (9/1 100)
3225 S.W. 26TH STREET 3225 S.W. 26TH STREE MIAMI FL 33133 MIAMI FL 33133			ET	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				11/24/1992
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0370793 Not Applicat
<del>,</del>	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22 City & St	toto.	City & State		Fee Required
23	tale	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered Agent
F	ERNANDEZ, DIANA O.		81 Name	
	225 SOUTH WEST 26TH STREE	Ţ	62 Street	Address (P.O. Box Number is Not Acceptable)
	MAMI FL 33133		<u> </u>	,
			83	
			84 City	<b>85</b> Zip Code
				corporation submits this statement for the purpose of changing its registers coration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or perited name of registered a OFFICERS A	ND DIRECTORS	NOTE: Registered Agont signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	DELETE	1.1 TITLE	☐ Change ☐ Additi
NAME	FERNANDEZ, DIANA		1.2 NAME	
STREET ADDRESS	1		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	DELETE	1.4 CITY - ST - ZIP	Change Additi
TITLE	PD FERNANDEZ, DIONISIO	□ Decei€	2.1 TITLE	Cuarite Monito
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	
City-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	THE WALL TO SERVICE THE SERVIC	DELETE	31 TITLE	☐ Change ☐ Additi
NAME			3.2 NAME	
STREET ADDRESS	s		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Additi
NAME			4.2 NAME	
STREET ADDRESS	s		4.3 STREET ADDRESS	
CITY-ST-ZIP		T belese	4.4 CITY-ST-ZIP	Table 1
TITLE		☐ DELETE	5.1 TIFLE	☐ Change ☐ Additi
NAME	1		5.2 NAME	
STREET ADDRESS	5		5.3 STREET ADDRESS	
CITY-ST-ZIP	<del></del>	DELETE	5.4 CITY - ST - ZIP	Change Addition
TITLE	1	C DEFEIF	6.1 TITLE	Li cuands Li voonu
NAME OTROCET ADDRESS			6.2 NAME	
STREET ADDRESS	<b>&gt;</b>		6.3 STREET ADDRESS	

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 true tee 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 on an all ichment with an address.

64 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Apr 02 1998 8:00am

Secretary of State