

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 AM 6:27

DOCUMENT # P93000043230 (0)

1. Corporation Name

\*A\* QUALITY PRINTING AND STATIONERY, INC.

Principal Place of Business

3140 PEMBROKE RD  
BLDG 612  
HALLANDALE FL 33055

Mailing Address

3140 PEMBROKE RD  
BLDG 612  
HALLANDALE FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

06/27/1994

4. FEI Number

65-0417617

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 LAMAR PLAZA

2a. Mailing Address

26 LAMAR PLAZA

Suite, Apt. #, etc.

22 6426 Pembroke Rd.

Suite, Apt. #, etc.

27 6426 Pembroke Rd.

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

24 33029

Country

25 BROWARD

Zip

29 33029

Country

30 BROWARD

9. Name and Address of Current Registered Agent

SHAW, JOAN  
1437 NW 98TH ST  
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name JENNIFER FLETCHER

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

83 3310 NW 202ND LN

84 MIAMI FLORIDA

33055

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

Jennifer Fletcher

JENNIFER FLETCHER

3/25/95

12. OFFICERS AND DIRECTORS

TITLE

DPT

NAME

FLETCHER, VIVIAN

STREET ADDRESS

3310 NW 202ND LN

CITY, ST, ZIP

MIAMI FL 33055

TITLE

DVS

NAME

FLETCHER, JENNIFER

STREET ADDRESS

3310 NW 202ND LN

CITY, ST, ZIP

MIAMI FL 33055

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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 190.076(1)(b), 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 on an attachment with an address.

SIGNATURE:

Vivian Fletcher

Signature and Type on Printed Name of Officer or Director

3/25/95

Date

305-981-7895

Telephone Number