

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

ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 FEB 28 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054421 (1)

1. Corporation Name

M.A.S. COPY CENTER INC.

Principal Place of Business

5880 SW 8 ST
MIAMI FL 33134

Mailing Address

5880 SW 8 ST
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/03/1993

3a. Date of Last Report

02/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, MIGUEL
5880 SW 8 ST
MIAMI FL 33134

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 required for both current and new registered agent)

(If not, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

PD
SUAREZ, MIGUEL
5880 SW 8 ST
MIAMI FL 33134

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

STD
SUAREZ, FLORAMARI
5880 SW 8 ST
MIAMI FL 33134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

☐ Change ☐ Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED FULL PRINTED NAME OF DIRECTOR OR OFFICER OR OTHER

2/15/95 (306) 2664441
Date Signature