FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90260 050 ***150.00

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

Mailing Address 5715 RODMAN ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300060327

1. Corporation Name

S715 PODMAN ST

Principal Place of Business

INTERNATIONAL GRAPHICS EQUIPMENT OF HOLLYWOOD, I NC.

	LLYWOOD FL 33026 HOLLYWOOD FL 33023					DO NOT WRITE IN THIS	SPACE	
us						3. Date Incorporated or Qualifed		
						08/27/1993		
		2a. Mailing Addre				4. FEI Number	Applie	ed For
⊢ '	ace of Business		388			65-0433523	L	pplicable -
21		26 Suite, Apt. #.	oto .			00 0400020	\$8.75 Add	
Suite, Apt.	#, etc.	27. Suite, Apr. #,	eic.			5. Certifcate of Status Desired	Fee Requ	
City & State	9	City & State				6. Election Campaign Financing	\$5.00 Ma	 av 8e
23		28				Trust Fund Contribution	Added to F	ees
Zip	Country	Zip		Country		8. This corporation owes the current year Int		
24	25	29	30			Personal Property Tax.		No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
BOSCH, JAIRO M				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
5440 N. STATE ROAD SEVEN								
SUITE NO. 5								
FOR	T LAUDERDALE FL 33319			-	0.1		85 Zip Cod	do.
				84	City	FL	_ 85 210 000	ue
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such chang	de was auth	orized by	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its re intment as regis	gistered tered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Re	gistered Age	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	DE	ELETE	1.1 TITLE			☐ Change	Addition
NAME	SALAZAR, MARIO			1.2 NAME	1			
STREET ADDRESS	5715 RODMAN ST.			1.3 STREE	TADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33023			1.4 CITY-S	T-ZIP			
TITLE	DT	☐ DELETE		2.1 TITLE		·	☐ Change	Addition
NAME	BOWLES, CRISTINA		2.2 NAME		•			
STREET ADDRESS	5715 RODMAN ST.			2.3 STREE	TADDRESS	ريب		
CITY-ST-ZIP	HOLLYWOOD FL 33023			2. 4 CITY-5	ST-ZIP			
TITLE		□ DI	ELETE	3.1 TITLE		·	☐ Change	Addition Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP			
TITLE			ELETE	4.1 TITLE			Change	☐ Addition

14. I hereby certify that the information supplied 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 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

☐ Change

☐ Change

☐ Addition

Addition