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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

37

DOCUMENT # **P93000069385 (1)**

1. Corporation Name MIAMI QUALITY DIE CUTTING, INC.							
Principal Piace of Business Mailing Address 05390k NW 51ST ST 3705 3701 NW 51ST ST MIAMI FL 33142 MIAMI FL 33142				P SADVINDO IND COLOR INTO DELIVE BOTTO DE 119 ENTRE 181			100 IIIU (0111 GIII (06)
					3. Date Incorporated or Qualified 10/06/1993	3a. Date of Last 03/21/	
Principal Place of Business 2a. Mailing Address					4. FEI Number	00/21/	Applied For
Suite, Apt. #, etc.		26		65-0460956		Not Applicable	
Suite, Apt	₩, EtC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
City & Stat	e	City & State			6. Election Campaign Financing		e Required
23		28			Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zp	Country		8. This corporation has liability for		
!4]	25	29	30			s 🗌 No	
	9. Name and Address of Co	urrent negistered Agent	81	Name	10. Name and Address of New	Registered Agent	* * * * * * * * * * * * * * * * * * * *
FARAH	I, RAFAEL						
	IW 51ST ST		82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
	FL 33142		83				
			84	City			7:- 0:
							Zip Code
SIGNATURE		Section 607.0505, Florida Statu	tes.	Oremon's be	oration submits this statement for the pu aard of directors. I horeby accept the app	somment as register	ed agent. I am
	Signature, typed or printed name of registered	iagertandittie rapplicanie	(NOTE Registered Ager			DATE	
12.	OFFICERS	S AND DIRECTORS	(NOTE Registered Ager			DATE FIGERS AND DIRECT	
12 . Ⅲ.€	OFFICERS DPST	·····			fred when renatur xy		TORS IN 12
12. Title NAME	DPST FARAH, RAFAEL	S AND DIRECTORS	13. 1 1 TITLE 1 2 NAME	Lagnature equ	ind when reasturing. ADDITIONS/CHANGES TO OFF	FICERS AND DIREC	TORS IN 12
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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 or Block 13 or or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL FARAH, PRESIDENT

2/29/96

(305) 634-9506 Daytine Phone #