

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90298 012 \*\*\*150.00

DOCUMENT # P93000071151

1. Corporation Name

EXCLUSIVE COPIER SYSTEMS, INC.



Principal Place of Business  
6979 NORTHWEST 84TH AVENUE  
MIAMI FL 33166

Mailing Address  
6979 NORTHWEST 84TH AVENUE  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1993

4. FEI Number  
65-0443161

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8586 NW 72 ST.  
Suite, Apt. #, etc.

26 8586 NW 72 ST.  
Suite, Apt. #, etc.

22 City & State  
23 MIAMI FL

27 City & State  
28 MIAMI FL

24 Zip Country  
25 33166

29 Zip Country  
30 33166

9. Name and Address of Current Registered Agent

GAULKIN, JOEL M  
4627 PONCE DE LEON BLVD.  
2ND FLOOR  
CORAL GABLES FL 32301

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, OSCAR	
STREET ADDRESS	6979 NORTHWEST 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LA VINA, JESUS D	
STREET ADDRESS	6979 NORTHWEST 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8586 NW 72 ST.
1.4 CITY-ST-ZIP	MIAMI FL 33166
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8586 NW 72 ST.
2.4 CITY-ST-ZIP	MIAMI FL 33166
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5-14 99

Date

305-47-0060

Daytime Phone #

CR2E034 (11/98)