FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 7-21-95 B-7899

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

FILED
95 JUL 21 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000071219 (8)

1. Corporation Name
PRINTEX INTERNATIONAL CORPORATION

Principal Place of Business
~~9155 BYRON AVENUE~~
~~SURFSIDE FL 33154~~

Mailing Address
~~16681 COLLINS AVE~~
~~NORTH MIAMI BEACH FL 33160~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0466834 — 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: 10050 N.W. 116TH WAY
22: Suite, Apt #, etc: SUITE 15
23: City & State: MEDLEY, FL
24: Zip: 33178
25: Country: USA

2a. Mailing Address
26: SAME
27: Suite, Apt #, etc:
28: City & State:
29: Zip:
30: Country:

9. Name and Address of Current Registered Agent

~~SCHILLINGER, LEE H ESQ.~~
~~4601 SHERIDAN STREET~~
~~STE. 202~~
~~HOLLYWOOD FL 33021~~

BENITO OTTATI
10050 N.W. 116TH WAY
SUITE 15
MEDLEY, FL 3317[8]

10. Name and Address of New Registered Agent
81 Name: BENITO OTTATI
82 Street Address (P.O. Box Number is Not Acceptable): 10050 N.W. 116TH WAY SUITE 15
83
84 City: MEDLEY FL 85 Zip Code: 33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: BENITO OTTATI

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORTEGA, EDWARD
STREET ADDRESS	9156 BYRON AVENUE
CITY-ST-ZIP	SURSIDE FL 33154
TITLE	VD
NAME	ORTEGA-SHYNE, ANNA M
STREET ADDRESS	925-88 STREET
CITY-ST-ZIP	SURSIDE FL 33154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☑ Change ☐ Addition
12 NAME	ORTEGA, EDWARD	
13 STREET ADDRESS	1131 102 ST	
14 CITY-ST-ZIP	BAY HARBOR, FL 33154	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: EDWARD W. ORTEGA — Date: 5/26/95 — Daytime Phone: (305) 821-0939

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