FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CURPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State * 1998 DIVISION OF CORPORATIONS P93000076115 (3) DOCUMENT # EASY PRINTING, INC. Principal Place of Business Mailing Address **6040 SW 21ST STREET** 6040 SW 21ST STREET MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1993 2. Principal Place of Business Mailing Address OYOSW 218+Street 4. FEI Number Applied For 65-0445161 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 1 (Colona) 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. WARD 29 24 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BENJAMIN, HAROLD L GPA 6208 PEMBROKE RD 82 Street. MIRAMAR Ft 33023 83 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statument 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 oblinations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TiTLE Change Addition MARGUEZ, JORGE NAME 1.2 NAME 341 NORTH 787H WAY STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CÍTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE ___ Addition MARQUEZ, CINDY NAME 2.2 NAME 1770 SW 84TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME PE STREET ADDRESS 5.3 STREET ADDRESS 4フ CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition TITLE DELETE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed

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14. Thereby 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

indicated on this annual report or supplimental 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

President

2-20-98