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

2a. Mailing Address

City & State

29

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400007041 (4)

IMPRENTA AMERICA, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address
13260 SW 131 ST. STE 125	13260 SW 131 ST, STE 12
Miami Fl 33186	Miami FL 33186
US	US

Country

9. Name and Address of Current Registered Agent

25

VARGAS, RUBIEL J 4310 N.W. 59TH ST. FILED
May 27 1998 8:00am
Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

01/25/1994

65-0463082

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

FI. LAUDERDALE FL 33319						
			83			
			84	City	85 Zip Code	
					FL s zp 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature typed or printed home of region to largest and tilled apply able (NOTE Registored Agent signature required when reinstating) DATE On the printed typed or printed home of region to largest and tilled apply able (NOTE Registored Agent signature required when reinstating)						
12.	OFFICERS AND DIRECTORS	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 TITLE		Change Addition	
NAME	VARGAS, RUBIEL J		1.2 NAME			
STREET ADDRESS	4310 N.W. 59TH CT.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		1.4 CITY-S			
TITLE	(1100001010010010	DELETE	2.1 TITLE	1-11	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CiTY - 5	ST-ZIP		
TITLE		DELETE	3 1 111LE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS		l	3.3 STREET	ADDRESS		
CITY-ST-ZIP		ſ	3.4 CITY-5	ST - ZIP		
TITLE		DELETE	4.1 TiTL E		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS		ſ	4.3 STREET	aduress		
CITY-ST-ZIP			4.4 CITY-S	I - ZIP		
TITLE		DELETE	51 TITLE		Change Addition	
NAME [ĺ	5.2 NAME			
STREET ADDRESS			5.3 STREFT	ADDRESS		
CITY-ST-7IP			5 4 CITY - S	T-ZIP		
TITLE		DELETE	6 1 TITLE		7000025382 Change \ Addition	
NAME			6.2 NAMF		-05/28/9801015036 YE	
STREET ADDRESS			6.3 STREFT	address	***150.00	
CITY-ST-ZIP		<u></u>	6.4 CITY-S		<u> </u>	
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 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						

Country

81

30