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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P94000043724 (1)

ROTAPRESS INTERNATIONAL, INC. Principal Place of Business Mailing Address 200 MAITLAND AVE SUITE 160 200 MAITLAND AVE SUITE 160 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 3. Date Incorporated or Qualified 3a. Date of Last Report 06/08/1994 07/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3252644 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Teist Fund Contribution Added to Fees Country Zισ Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERNOT, XAVIER 82 Street Address (P.O. Box Number is Not Acceptable) 200 MAITLAND AVE SUITE 160 **ALTAMONTE SPRINGS FL 32701** 83 84 City 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. Thereby accept the appointment as registered agent. Jami familiar with, and accept the obligations of, Section 607,0505, Fiorida Statutes. SIGNATURE Signatine, typed or printed haine of registered agent and title if applicating iNOTE. Registered Agent signature required when reinstating CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.17016 Vice Pusident (V) Change NAME PERNOT, XAVIER 1.2 NAME Xuvice Pernos 200 Martland Au # 160 200 MAITLAND AVENUE, SUITE 160 STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL Flamon le Springs FE CITY-ST-71P 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Addition President DUBASC, CAROLINE NAME 2.2 NAME DUBUSC anoline STREET ADDRESS 200 MAITLAND AVENUE, SUITE 160 2.3 STREET ADDRESS 200 Mai Hand Ave, # 160 Altumorhe Springs, Pl 373 ALTAMONTE SPRINGS FL CITY - ST - ZIP 2.4 C:TY - ST - ZIP TIFLE DELFTE 3 1 TITLE Add-tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST-ZIP THILE DELETE 4.1 Hite Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - ST - ZIP 4.4 C-TY-ST-Z-P TITLE DELETE 5 1 HILLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - 2IF TITLE DELETE 6 1 TILLE Change ☐ Addition NAME € 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this liting 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 eath; 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 charged, or on an attachment with any ddress.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF THE CO.

Feb 10,1946 (402) 2175124