FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056944 (9)**

1. Corporation Name
MUSTANG SCREEN PRINTING, INC.

Principal Place of Business	Mailing Address
1455 N. TREASURE DRIVE SUITE 7E NORTH BAY VILLAGE FL 33141	1455 N. TREASURE DRIVE SUITE 7E NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 9586 SW 156 PLACE
22: Suite, Apt. #, etc.
23: City & State: MIAMI FL
24: Zip: 33196
25: County: DADE

2a. Mailing Address
26: 9586 SW 156 PLACE
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33196
30: County: DADE

4. FEI Number: 59-3273337 ☐ 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

7. This corporation has liability for indexable tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAROTE, ADAM C
1455 N. TREASURE DRIVE
SUITE 7E
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name: SAROTE, ADAM C.
82 Street Address (P.O. Box Number is Not Acceptable): 9586 SW 156 PL.
83:
84 City: MIAMI FL 85 Zip Code: 33196

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SAROTE, ADAM C	1.2 NAME	SAROTE ADAM C.
STREET ADDRESS	1455 N. TREASURE DRIVE #7E	1.3 STREET ADDRESS	9586 SW 156 PLACE
CITY-ST-ZIP	N BAY VILLAGE FL 33141	1.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 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 filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/13/95 (305)380-9433
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Telephone Number)
ADAM SAROTE, DIRECTOR

0150440 CP