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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400078301 (6)

G.D. PRINTING, INC.

Principal Place of Business

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Mailing Address

FILED Apr 09 1998 8:00am Secretary of State



6923 NW 77 AVE 6923 NW 77 AVE MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0538717 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LOPEZ. GUSTAVO 6923 NW 77 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if epiplicab (NOTE: Registered Agent signature re ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition LOPEZ, GUSTAVO NAME 1.2 NAME 6923 NW 77 AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33168** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition LOPEZ, GLORIA NAME 2.2 NAME 6923 NW 77 AVE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE TLE 3.1 NAME AME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP TITLE DELETE Change Addition NAME STREET ADDRESS EET ADDRESS CITY-ST-ZIP -ST-ZIP DELETE Addition TITLE NAME REFT ADDRESS STREET ADDRESS Y-ST-7IP CITY-ST-ZIP DELETE Change TITLE Addition TREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby 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 truetee 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

Gustavo Lopez President