## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS P95000062491 (2) **DOCUMENT #** 1. Corporation Name C.M.C. LABELS & TAPES, INC. Principal Place of Business Mailing Address 5851 SW 25TH STREET 5851 SW 25TH STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 2a. Marling Address



3a. Date of Last Report

3. Date Incorporated or Qualified 08/11/1995

2. Principal Place of Business 21. Same above Suite, Apt. #, etc. 22. City & State		2a. Mailing Address 26] Same abo				4. FEI Number 65-0596138		
		Suite Apt. #, etc			03-0390138		Not Applicable	
		27	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 28					tion Campaign Financing t Fund Contribution		\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Z <sub>ID</sub> )	Country		corporation has liability for			
	9. Name and Address of Curi		30			s 🗌 No		
		The state of the s	81 Na		ne and Address of New	Registered	Agent	
CARRE	ERA, CESAR M		140	HE				
	SW 138TH COURT	82 Str	82 Street Address (P.O. Box Number is Not Acceptable) 83					
	FL 33175	83						
*****	. 1 00 110	63						
			<b>84</b> Cit	·	·		85 Zip Code	
11. Pursuant tr	o the provisions of Sections 507.05	00 and 607 1500 Florier Cut				FL	1 1 '	
or registers	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig h, and accept the obligations of Se	oz and 607. Houd, Florida Statut orida. Such change was authoriz	ies, the above-hame zed by the corporation	d corporation submit m's board of director	s this statement for the purs. Thereby accept the ear	rpose of ch	anging its registered office	
	h, and accept the obligations of, Se	stion 607.0505, Florida Statutes	3	12 11 21 21 20 0000	and and and apply	willingiil at	a registereu agent Tam	
SIGNATURE _	Signature itys all or pointed harrer of registered all	ont a with our mode and	an e Sir iv. S					
12.		IND DIRECTORS	13.	the replied when mind ping		DATE		
TITLE	PRESIDENT	[] DELETE	1 1 Title	ADDI	TIONS/CHANGES TO OFF			
NAME	CESAR M. CABRI		1.2 NAME				Change Addition	
STREET ADDRESS	4251 S.W. 1381		13 STREET ADDRE	ne				
CITY-ST-ZIP	Miami, F1. 33		1.4 CHTY - ST - ZIP	34				
THLE	VICE-PRESIDENT		2 1 TITLE				Change [7] Addition	
NAME	LEONOR A. CABI		2.2 NAME	1		L	Change Addition	
STREET ADDRESS	4251 S.W. 138		2.3 STREET ADDRE	cc l				
CITY-ST-ZIP	_Miami,_F133		24 CITY-ST-ZIP	~				
TITLE		DELETE	3 1 Dite			<u></u> -	Change Addition	
NAME			3.2 NAME				Therefore The Monthal	
STREET ADDRESS			3.3 SIRSET ADDRE	99				
CITY-ST-ZIP			3 4 CITY - ST - ZIF					
TiTLE		DELETE	4 1 TITLE	·		F	Change Addition	
NAME			4.2 NAME			L	Sharigo Augnir0	
STREET ADDRESS			4.3 STREET ADDRES	is				
CITY-ST-ZiP			4 4 CiTY - ST - ZIP					
TITLE		☐ DELETE	5 I TITLE	<del></del>		——г	Change Addition	
NAME			5.2 NAME	1		L	T amongo T Macrifili	
STREET ADDRESS			5.3 STREET ADDRES	is				
CITY - ST - ZIP			5.4 CITY - S1 - ZIP					
TI7LF		☐ DELETE	6 1 117LE	2	77 10000	7817	Addition	
NAME			6.2 NAME .		<b>000017</b> 7 04/12/96010	າວຣັ–ີຄຄ້	12	
STREET ADDRESS			6 3 STREET ADDRES		**208.75	J-5 - J-0	<del>-</del>	
CITY - ST - ZIP			64 City . 57 . 7/0					
14. I do hereby	certify that the information supplied he information indicated on this and	with this filing is voluntarily furn- iual report or supplemental anni	shed and does not a	Lalfy for the exempt	ion slated in Section 119	17/3\/lz\ Ela	ride Challeton 14 div.	

oath; that I am an officer or director of the corporation or the receiver or rustee employeed to execute this report as required by Orapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: \_

april 6/96 (954) 966-2257