

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000094350 (2)

1. Corporation Name

PRIMO'S COPY CENTER INC.



Principal Place of Business

Mailing Address

**128-20 NW 11TH ST.
MIAMI FL 33182**

**128-20 NW 11TH ST.
MIAMI FL 33182**

3. Date Incorporated or Qualified
12/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **5895 NW 36 ST**

26 **5895 NW 36 ST**

4. FEI Number

59-3357171

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**

8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Miami FL.**

28 **Miami FL.**

Zip Country

Zip Country

24 **33166**

25

29 **33166**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, CARLOS
128-20 NW 11TH ST.
MIAMI FL 33182**

81 Name

SANCHEZ CARLOS

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

5895 NW 36 ST

83

84 City

Miami FL

FL

85 Zip Code

33166

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

Signature typed or printed name of registered agent and corporation

(NOTE: Registered Agent's signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME **D**
 STREET ADDRESS **SANCHEZ, CARLOS**
 CITY - ST - ZIP **128-20 NW 11TH ST.
MIAMI FL 33182**

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME **D.**
 1.3 STREET ADDRESS **SANCHEZ CARLOS**
 1.4 CITY - ST - ZIP **5895 NW 36 ST
MIAMI FL 33166**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SANCHEZ CARLOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

08-05-96

CR2E034 (3/96)