## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000010852

1. Corporation Name

FEDERAL PRINTING. INC.

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90277 042 \*\*\*150.00

Principal Place	e of Business	Mailing Address				I (BEITER IN INITIALITY AND		
3307 NW 7TH S	3307 NW 7TH STREET							
MIAMI FL 33125 MIAMI FL 33125						DO'NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed		
						01/31/1996		
0 0::	less of Divisions	2a. Mailing Address				4. FEI Number Applied For		
<u> </u>	ace of Business	<u> </u>	· · · · · · · · · · · · · · · · · · ·			65-0643727 Not Applicable		
21 Suite Ant	# etc	Suite, Apt. #, etc.				\$8.75 Additional		
Suite, Apt. #, etc.		27	Cuito, Apr. W. Cic.			5. Certifcate of Status Desired  Fee Required		
City & State		City & State			=	6. Election Campaign Financing 55.00 May Be		
23		28	1			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25	29	30	Personal Property Tax.				
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Registered Agent		
			Ì	81	Name			
	E, THOMAS E		ŀ	82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	SOUTH DADELAND BLVD. STE	. 104						
MAIM	M FL 33156			83				
			ŀ	84	City	85 Zip Code		
				_	•	FL		
11. Pursuant	<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized.</li> </ol>					oration submits this statement for the purpose of changing its registered		
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flor	ida Statu	nzed by the corporation Statutes.		orrespond of directors. Friendly accept the appointment as registered		
SIGNATURE	Prost Issues	" RIBERTA CAUL	1414			4/16/19		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent	signature required	d when reinstating) DATE	Ś	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	•	
TITLE	D	☐ DELETE	1.1 TIT					
NAME	CANOVACA, ROBERTO		1.2 NA			· ·	۶	
STREET ADDRESS 3307 NW 7TH STREET			1		ADDRESS		L	
CITY-ST-ZIP	MIAMI FL 33125		1.4 CFI		- Z3P	☐ Change ☐ Addition		
TITLE		☐ DELETE	2.1 TITLE			· · · · · · · · · · · · · · · · · · ·		
NAME			2.2 NA				Į	
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CITY-ST-ZIP		T DELETE	2.4 CI		T <u>-</u> ZIP	☐ Change ☐ Addition	=	
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NAME	-		3.2 NA		1000000			
STREET ADDRESS					ADDRESS			
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TITLE			4.3 III 4. 2 N/					
NAME					4000000	}		
STREET ADDRESS	,				ADDRESS			
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NAME	·		- 1		ADDRESS		ı	
STREET ADDRESS	· ·		5.4 CI				ı	
CITY-ST-ZIP			6.1 TIT			Change Addition		
TITLE	<b>\</b>		6.2 NA		-		ļ	
NAME					ADDRESS	_	l	
STREET ADDRESS				TY- \$1			l	
CITY-ST-ZIP	1		0.4 01				i	

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 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 own attachment with an address, with all other like empowered.

BERTON CHINOLOGICOURED

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**