

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

0284634

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90023 034 ***150.00

DOCUMENT # P96000024671

1. Corporation Name
PRINTEX U.S.A., INC.

Principal Place of Business
4600A SEA GRAPE DRIVE
LAUDERDALE BY THE SEA FL 33308
US

Mailing Address
4600A SEA GRAPE DRIVE
LAUDERDALE BY THE SEA FL 33308
US

NEW ADDRESS

2. Principal Place of Business
21 218 COMMERCIAL BLVD

2a. Mailing Address
26 SAME AS "2"

Suite, Apt. #, etc.
22 701 - D

27 Suite, Apt. #, etc.

City & State
23 LAUDERDALE BY SEA, FL

28 City & State

Zip 33308 Country U.S.A.
24 25 29 30

Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/15/1996

4. FEI Number
65-0650759

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SARTONI
SARTONI, BRUNO
275 COMMERCIAL BLVD
STE. 260
LAUDERDALE BY THE SEA FL 33308

81 Name

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

83

84 City

FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PASSA, GIOVANNI | 1.2 NAME | |
| STREET ADDRESS | VIA ANTICOLANA 68, ANAGNI, | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FROSINONE, ITALY 03012 | 1.4 CITY-ST-ZIP | |
| TITLE | VST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABRIELI, MAURIZIO | 2.2 NAME | |
| STREET ADDRESS | C/O 5310 NW 33RD AVENUE STE 110 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (901) 772-6080
Daytime Phone #

CR2E034 (11/98)