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

611

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham **ANNUAL REPORT** FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP -8 PM 12: 40 DOCUMENT # **P96000058563 (3)** SECRETARY OF STATE TALLAHASSEE, FLORIDA C.A. PRINTING CORP. Principal Place of Business Mailing Address 1770 WEST 40TH STREET. UNIT 6 1770 WEST 40TH STREET, UNIT 6 HIALEAH FL 83012 HIALEAH FL 33012-7081 3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1996 196 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0693276 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 REYES, CESAR A Name 8959 NW 111 TER. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDENS FL 33018 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.050/2 and 607.150/8, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered about, or both 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 suppose the obligations of Section 607.0505, Florida Statutes. CESAL A. REYES, VICE PLS.
It and the infrapplicable INDIE Registered Agent significance required when reinstating) SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. DELETE Change Acdition TITLE 1.1 TRUE REYES, LUCY NAME 1.2 NAME **700002289017---5** -03/10/97--01041--009 8959 NW 111 TER. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH GARDENS FL 33018 ****385.00 ****385.00 CITY-ST-ZIP 1.4 C(1Y - S1 - ZIP DVST DELETE TITLE 2.1 TITLE REYES, CESAR A NAME 2.2 NAME 8959 NW 111 TER. STREET ADDRESS 2.3 STREET ADDRESS HIALEAH GARDENS FL 33018 ****165,00 ****165.00 CITY-ST-ZIP 2 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAM NAME STREET ADDRESS 3.3 STREET ADDRESS CITY SI P 3.4. CITY - ST - ZIP FULL C DELETE 4.1 TITLE Change noilit bA **M**ME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - \$1 - Z(P DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP G.4 CITY - S1 - ZIP 14. I do 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 deed as if made under oath, that I am an officer or director of the corporation of 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.

7/2/02 (200) 01/ 11/116