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FILED
Jul 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000061937 (4)

1. Corporation Name

SUPERIOR SILK SCREEN, CORP.

Principal Place of Business

Mailing Address

1711 WEST 38TH PLACE
BAY 1106
HIALEAH FL 33012

1711 WEST 38TH PLACE
BAY 1106
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1996

4. FEI Number

25-0844891

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMIREZ, EDGAR O
1711 WEST 38TH PLACE
BAY 1106
HIALEAH FL 33012

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 DP
NAME RAMIREZ, EDGAR O
STREET ADDRESS 1154 W. 39TH TERRACE
CITY-ST-ZIP HIALEAH FL 33012

DELETE

TITLE DS
NAME RAMIREZ, JUANA
STREET ADDRESS 1154 W. 39TH TERRACE
CITY-ST-ZIP HIALEAH FL 33012

DELETE

TITLE DVT
NAME RAMIREZ, FAUSTO M
STREET ADDRESS 1154 W. 39TH TERRACE
CITY-ST-ZIP HIALEAH FL 33012

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

100002581911
-07/07/98--01095--029
***8.75

100002581911
-07/07/98--01095--028
***150.00

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.

CR2E034 (10/97)

pg. 2
FEIN obtained by phone
CALL ON 6/23/98
EIN 65-0844571

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) SUPERIOR SILK SCREEN CORP.	
	2 Trade name of business, if different from name in line 1 SUPERIOR SILK SCREEN.	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 1711 West 38th Place	5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code Hialeah, FL, 33012	5b City, state, and ZIP code
	6 County and state where principal business is located DADE, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 092-70-2117 EDGAR O. RAMIREZ.		

8 Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Plan administrator-SSN _____	<input type="checkbox"/> Partnership
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify) _____	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable)			
<input type="checkbox"/> Other (specify) ▶ _____			

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Changed type of organization (specify) ▶ _____
<input checked="" type="checkbox"/> Started new business (specify) ▶ _____	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a trust (specify) ▶ _____
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
<input type="checkbox"/> Banking purpose (specify) ▶ _____	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.) 07-24-96	11 Enter closing month of accounting year. (See instructions.) DECEMBER 31
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ 04-03-98
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13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ 4	Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶ SILK SCREEN PRINT AND PRODUCTION.

15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶ DESIGN & PRINTING SILK SCREEN

16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶ _____

17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ _____ Trade name ▶ _____

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) _____

Name and title (Please type or print clearly.) ▶ EDGAR O. RAMIREZ. _ PRESIDENT

Signature ▶ 	Date ▶ 06-24-98
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo. _____	Ind. _____	Class _____	Size _____	Reason for applying _____
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