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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000077794 (1)

FLEXO PRINT, INC.

53 NW 53RD ST 7751-7753 NW 53RD ST
L 33166 MIAMI FL 33166 US

## **FILED** May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0697636 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HERNÁNDEZ, OMAR 342 N.E. 166TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 **NORTH MIAMI BEACH FL 33162** 83 84 City 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) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE XI Change TITLE P/S PLUZ, FRANCISCO P NAME 1.2 NAME 2071 N.E. 167TH STREET STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI BEACH FL** 1.4 City - St - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE SUAREZ, JOSE L NAME 2.2 NAME 4955 N.W. 199TH STREET, LOT 407 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change \_\_\_ Addition T TITLE 3.1 TITLE HERNANDEZ, OMAR NAME 3.2 NAME 342 N.E. 166TH STREET STREET ADDRESS 3.3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY - ST - 7(P) Change TITLE DELETE 4.1 TITL€ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 6.1 THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 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 reports 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 of the receiver or fruitgy 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 on an attriction address.

4/15/00