

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90064 033 ***150.00

DOCUMENT # P96000100865

1. Corporation Name
TPG PRESS, INC.

Principal Place of Business
15271 N.W. 60TH AVE., SUITE 106
MIAMI FL 33014

Mailing Address
15271 N.W. 60TH AVE., SUITE 106
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1996

4. FEI Number
65-0742224

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

2. Principal Place of Business
21 15271 NW 60TH AVE.

2a. Mailing Address
26 15271 NW 60 AVE

Suite, Apt. #, etc.
22 Suite 101

Suite, Apt. #, etc.
27 Suite 101

City & State
23 MIAMI LAKES FL

City & State
28 MIAMI LAKES FL

Zip Country
24 33014 25 DADE

Zip Country
29 33014 30 DADE

9. Name and Address of Current Registered Agent

SILVERIO, MARK V
44 WEST FLAGLER STREET, SUITE 2450
MIAMI FL 33130

10. Name and Address of New Registered Agent

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]*

Signature typed or printed name of registered agent and use if applicable --

(NOTE: Registered Agent signature required when reinstating)

3/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELLETIER, RAYMOND	
STREET ADDRESS	15271 N.W. 60TH AVE., SUITE 106	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PELLETIER, KIMBERLY F	
STREET ADDRESS	15271 N.W. 60TH AVE., SUITE 106	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PELLETIER, RAYMOND JR.	
STREET ADDRESS	15271 N.W. 60TH AVE., SUITE 106	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARIBEAU, JOYCE	
STREET ADDRESS	15271 N.W. 60TH AVE., SUITE 106	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)