PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700006808

1. Corporation Name

חברופר	HE PHUFESSIONAL PHINTI	NG EQUIPMENT, INC.					
Deinois et Die e	o of Business	Mailing Address			I !###!###########################		(B))
Principal Place		-				7 .	
12935 SW 132 AVE 12935 SW 132 AVE UNIT 3A UNIT 3A						,	~
MIAMI FL 33186 MIAMI FL 33186					DO NOT WRITE IN	THIS SPACE	
US US					3. Date Incorporated or Qualifed		
, .					01/17/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
					65-0717409	. –	Not Applicable
21 26 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						× \$8.7	5 Additional
22 27					5. Certifcate of Status Desired	Fee	e Required
	City & State City & State				6. Election Campaign Financing	\$5.	00 May Be
23					Trust Fund Contribution	Add	ted to Fees
Zip	Zip Country Zip Cou			,	8. This corporation owes the current y		_
24	25	29 30	0		Personal Property Tax.	<u> </u>	□No
	g. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Regis	tered Agent	
	E3 51010		81	Name			
LOPEZ, FABIO				Street A	ddress (P.O. Box Number is Not Acceptable)		
13857 SW 158TH TERRACE			L				
MIAMI FL 33177			83				
			84	City		85	Zip Code
				'		FL 📋	
l office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was auth	norized by	the corpor	orporation submits this statement for the purp ation's board of directors. I hereby accept the	ose of changing appointment a	g its registered is registered
SIGNATURE	Signature, typed or printed name of registered ager	A d this If applicable (NOTE: D.	navitaced Ass	nt cianature rec	uired when reinstating)	ATE	
12.		D DIRECTORS	13.	it signatura req	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		ABBITIONO/SWINGES / S ST. TOO	☐ Cha	
NAME	LOPEZ, FABIO		1.2 NAME				
STREET ADDRESS	13857 SW 158TH TERRACE			TADORESS			
i	MIAMI FL 33177		1.4 CITY-S				ļ
CITY-ST-ZIP TITLE	MIAMITE SSTITE	☐ DELETE	2.1 TITLE	11-21		☐ Cha	nge
			2.2 NAME	İ		_	}
NAME	<i>_</i>			T ADORESS			
STREET ADDRESS			2.4 CITY-	1	•		
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	31-2IF		[] Cha	nge 🗀 Addition
			3.2 NAME			_	
NAME				T ADDRESS			
STREET ADDRESS	·			1			
CITY-\$T-ZIP		DELETE	3.4. CITY-1	51-212		Cha	nge
!		- Decerte				_	· _
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS	·	,	
CiTY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-5	ii - ZiP		☐ Cha	nge Addition
TITLE -		C VELLIC	5.1 TITLE 5.2 NAME			ے ان ا	J
NAME :	·			TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	11-217			nge ☐ Addition
TITLE		☐ here≀e	1				
NAME			6.2 NAME				
STREET ADDRESS	!		6.3 STREE	TADDRESS			

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 one an attachment with an address, with all other like empowered.

6.4 CITY- \$T-ZIP

SIGNATURE:

May 04, 1999 8:00 am Secretary of State

05-04-1999 90040 028 ***158.75