1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075414

NCR PUBLISHING, INC.

Principal Place of Business Mailing Address 12342 SW 132 COURT 12342 SW 132 COURT MIAMI FL 33186 MIAM! FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/28/1997 4. FEI Number Principal Place of Business 2a, Mailing Address Applied For 21 26 65-0777465 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Cot ntry Zip 8. This corporation owes the current year Intangible ☐ Yes □No 24 25 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GARCIA, ENRIQUE E. Street Address (P.O. Box Number is Not Acceptable) 1:2342 SW 132 COURT MIAMI FL 33186 83 85 Zip Code City 11. Pursuant to the provisions of Sections 607.050.2 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 a cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nome of registered agen, and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition TITLE DP DELETE 117/0 F NAME GARCIA, ENRIQUE E. 1.2 NAME 12342 SW 132 COURT 1.3 STREET ADDRESS STREET ADORESS MIAMI FL 33186 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 2.1 TITLE TITLE ALMAGUER, HECTOR R. 22 NAME 12342 SW 132 COURT 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP T DELETE ☐ Change Addition 4.1 TIME TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS

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 uncer 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

6.2 NAME 63 STREET ADDRESS

4.4 CITY- ST-ZIF

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRES

CITY-ST-ZIP

TITLE

NAME

TITLE

□ DELETE

☐ DELETE

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90165 044 ***150.00

CR2E034

☐ Addition

☐ Addition

Change

Change