

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

FILED
May 19 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 # P97000088726 (9)

1. Corporation Name
COPY ONE, INC.

Principal Place of Business

8377 NW 66TH ST
MIAMI FL 33166

Mailing Address

8377 NW 66TH ST
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

65-0807671

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

3. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 8343 NW 66 St

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 33166 25 Dade

2a. Mailing Address

26 Suite, Apt. #, etc.
(same)

27 City & State

28

29 Zip Country

30

8. Name and Address of Current Registered Agent

LAVIOSA, FERNANDO
8377 NW 66TH ST
MIAMI FL 33166

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 State

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 of Current Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	
NAME	LAVIOSA, FERNANDO	12 NAME	
STREET ADDRESS	1523 SW 116 AVE	13 STREET ADDRESS	
CITY-STATE-ZIP	PEMBROKE PINES FL 33025	14 CITY-STATE-ZIP	
TITLE	D	15 TITLE	
NAME	PELUCARTE, JOSE R	16 NAME	
STREET ADDRESS	8377 NW 66TH ST	17 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33166	18 CITY-STATE-ZIP	
TITLE		19 TITLE	
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-STATE-ZIP		22 CITY-STATE-ZIP	
TITLE		23 TITLE	
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE-ZIP		26 CITY-STATE-ZIP	
TITLE		27 TITLE	
NAME		28 NAME	
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TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		35 TITLE	
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY-STATE-ZIP		38 CITY-STATE-ZIP	
TITLE		39 TITLE	
NAME		40 NAME	
STREET ADDRESS		41 STREET ADDRESS	
CITY-STATE-ZIP		42 CITY-STATE-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 home address is Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE:

[Signature] Fernando Laviosa
May 19 1998 (305) 113-7122

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