

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

0241932

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90079 043 \*\*\*158.75



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000088726**

1. Corporation Name  
**COPY ONE, INC.**

Principal Place of Business  
**8343 N.W. 66 ST.**  
**MIAMI FL 33166**

Mailing Address  
**8343 N.W. 66 ST.**  
**MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/14/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0807671</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. 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	<b>LAVIOSA, Fernando</b>	
82	Street Address (P.O. Box Number is Not Acceptable)		
83		<b>1321 NW 144 AVE</b>	
84	City	<b>Pembroke Pines</b>	85 Zip Code <b>FL 33028</b>

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVIOSA, FERNANDO</b>	1.2 NAME	<b>LAVIOSA, Fernando</b>
STREET ADDRESS	<b>1523 SW 116 AVE</b>	1.3 STREET ADDRESS	<b>1321 NW 144 AVE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	1.4 CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELUCARTE, JOSE R</b>	2.2 NAME	<b>PELUCARTE, Jose Ramon</b>
STREET ADDRESS	<b>8377 NW 66TH ST</b>	2.3 STREET ADDRESS	<b>15441 SW 47 Terr</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33185</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Granadillo, RAUL</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>8343 NW 66 ST</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)