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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000011720

1. Corporation Name
RODIPRINT CORP.

Principal Place of Business
17552 S.W. 140TH CT.
MIAMI FL 33177

Mailing Address
17552 S.W. 140TH CT.
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1998

2. Principal Place of Business

21 5305 S.W. 8 ST.

Suite, Apt. #, etc.

22

City & State
MIAMI, FL.

Zip Country

24 33/34

25

2a. Mailing Address

26 5305 S.W. 8 ST.

Suite, Apt. #, etc.

27

City & State
MIAMI, FL.

Zip Country

29 33/34

30

4. FEI Number

65-0810080

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

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALACIO, DIANA M
17552 S.W. 140TH CT.
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

PALACIO DIANA M.

82 Street Address (P.O. Box Number is Not Acceptable)

5305 S.W. 8 ST.

83

84 City MIAMI

FL

85 Zip Code

33/34

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

X *Diana M. Palacio*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/11/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PALACIO, MARIA R
STREET ADDRESS 17552 S.W. 140TH CT.
CITY-ST-ZIP MIAMI FL 33177

TITLE SV ☐ DELETE
NAME PALACIO, HECTOR R
STREET ADDRESS 17552 S.W. 140TH CT.
CITY-ST-ZIP MIAMI FL 33177

TITLE T ☐ DELETE
NAME PALACIO, DIANA M
STREET ADDRESS 17552 S.W. 140TH CT.
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

X *Diana M. Palacio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99 (305) 448-9990
Date Daytime Phone #

CR2E034 (11/98)