

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000033755

1. Corporation Name
SLASHERS PRINTING CENTER, INC.

FILED

99 OCT -1 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9506 N.W. 7TH AVENUE
MIAMI FL 33150

Mailing Address
9506 N.W. 7TH AVENUE
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

650837427

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 9506 NW 7 Ave

26 Suite, Apt #, etc.

22 City & State Miami Florida

27 City & State

23 Zip 33150 Country USA

28 Zip Country

24 9. Name and Address of Current Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

☐ DELETE

12.1 D
NAME SMITH, AINSWORTH F
STREET ADDRESS 9506 N.W. 7TH AVENUE
CITY-STATE-ZIP MIAMI FL 33150

☐ DELETE

12.2
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.3
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.4
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.5
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.6
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

000003008210--1

-10/07/99--01022--014

****550.00 ****550.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 in 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 #

9/28/99 305-835-7366
9/28/99

0222055

CR2E034 (4/98)