

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90001 009 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P980000041756

1. Corporation Name

DPI, DIGITAL PRINTERS INTERNATIONAL, INC.

Principal Place of Business

16200 NORTHEAST 13TH AVENUE  
MIAMI FL 33162

Mailing Address

16200 NORTHEAST 13TH AVENUE  
MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

65-0834708

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ~~DEZ~~ MARK WEITHORN % DPI82 Street Address (P.O. Box Number is Not Acceptable)  
16200 NE 13 Ave

83

84 City MIAMI FL 85 Zip Code 33162

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

TITLE PD  
 NAME SCHMIDT, GLENN  
 STREET ADDRESS 16200 NORTHEAST 13TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33162

TITLE VD  
 NAME WEITHORN, MARK  
 STREET ADDRESS 16200 NORTHEAST 13TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33162

TITLE TD  
 NAME NG, KEIRON  
 STREET ADDRESS 16200 NORTHEAST 13TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 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 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

7/14/99

Date

305-9403138

Daytime Phone #

CR2E034 (1/98)