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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Mar 06 1997 8:00am Secretary of State

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PRECISION ART PRINTING, INC. Principal Place of Business Mailing Addres 7023 NW 64 STREET MIAMI FL 33166 US 3a. Date of Last Report 3. Date Incorporated or Qualified 06/06/1991 03/21/1996 4, FEI Number 2. Principal Place of Business Mailing Address Applied For 65-0269946 7923 26 Not Applicable Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI П 23 **Trust Fund Contribution** Added to Fees Country Z_{PD} Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No USA Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent to. Name and Address of New Registered Agent Name 81 DIRUBE, MADELINE 7923 NW 64 STR 82 Street Add **MIAMI FL 33166** 83 **B4** City bove-named corporation submits this statement for the purpose of changing its registered and by the corporation's board of directors. I hereby accept the appointment as registered 502 and 607 1508. Florida Statutes, th 11. Pursuant to the provisions of Sections 6 tate of Florid office or registered agent, or agent. I am familiar with, and SIGNATURE Signature typed or OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PVST** DELETE Change Addition THUE 1.1 TITLE Julio Dirube DIRUBE, MADELINE NAME 12 NAME 1923 N.W. 64 Street 7923 N.W. 64TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 1.4 CITY-ST-ZIP MIAMI, FL 33166 DITY-ST-ZIP DELETE Change Addition 2.1 TITLE THLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - \$1-2IP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-2IP CITY - ST-7IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 54 City-St-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 feetiver or trastee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name