


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V06321** (6)
1. Corporation Name
EXPRINTER, INC.



Principal Place of Business C/O CAPTAINS TRAVEL SERVICE 135 WESTWARD DRIVE, STE. B MIAMI SPRINGS FL 33166 US	Mailing Address C/O ERNESTO SACHEZ, P.A. 814 PONCE DE LEON BLVD., STE. 505 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 481 LAFAYETTE DRIVE Suite, Apt. #, etc. 22 City & State 23 MIAMI SPRINGS, FL Zip 24 33166 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 01/14/1992	4. FEI Number 65-0348884 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent SANCHEZ, ERNESTO 814 PONCE DE LEON BLVD SUITE 505 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VEIRA, LAURA			1.2 NAME			
STREET ADDRESS	18 DE JULIO 1480			1.3 STREET ADDRESS			
CITY-ST-ZIP	MONTEVIDEO UR			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LACRAMPE, HECTOR R			2.2 NAME			
STREET ADDRESS	BARTOLITO MITRE, #684			2.3 STREET ADDRESS			
CITY-ST-ZIP	MONTEVIDEO UR			2.4 CITY-ST-ZIP			
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTELL, CARLOS L			3.2 NAME			
STREET ADDRESS	SAN MARTIN, #170			3.3 STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES AR			3.4 CITY-ST-ZIP			
TITLE	DVPS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPURRO, CARLOS A			4.2 NAME			
STREET ADDRESS	1110 BRICKELL AVENUE, SUITE, 303			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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; that I am 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.

SIGNATURE: **X** **CARLOS A. CAPURRO** **4-14-98** **305 871-4191**

CR2E034 (10/97)