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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

V08231

(5)

TRY LITHO, INC.

(5)

Principal Place of Business 3900 N.W. 79 AVENUE SUITE 543 MIAM FL 33166	Mailing Address 3900 N.W. 79 AVENUE SUITE 543		DO NOT WRITE IN THI	
US	MIAMI FL 33166 US		3. Date Incorporated or Qualified	3 SPACE
			01/21/1992	}
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0331949	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Z(p)	Gountry 30	This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
alvarez, orlando		81 Name		i
3900 N.W. 79 AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 543		63		
MIAMI FL 33166		63		_
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corp.	oration submits this statement for the nurnose	of changing its registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl	ite of Florida. Such change was a	uthorized by the corporati	on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	•	<u> </u>		
Signature, typed or printed name of registered in		: Registe d Agent signature require		
12. OFFICERS A	ND DIRECTORS DELETE	13	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME ALVAREZ, ORLANDO		1.1 ILE 1.2 ME		LT Change LT Addition
STREET ADDRESS 3900 NW 79 AVE #543		1.3 S REET ADDRESS		
CITY-ST-ZIP MIAMI FL		1.4 C ITY-ST-ZIP		
TITLE	☐ DELETE	2.1 T LE		Change Addition
NAME		2.2 NJME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. C/TY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		4.1 TILLE 4.2 NAME		Thomas Thomas
STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
CITY-SI-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I hereby certify that the information supplied	with this filing does not exact. for	6.4 City-St-ZIP	Section 110 07/9/(i) Florida Ctatutan I further	portify that the information
indicated on this annual report or supplemen	ntal annual report is true and accu ecoiver or trustee empowered to e	urate and that my signatur	Section 119.07(3)(i), Florida Statutes. Fluriner e shall have the same legal effect as if made i ired by Chapter 607, Florida Statutes; and tha	under oath: that I am an I