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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36312 (9)
1. Corporation Name
SOUTHEAST PRINTING CORPORATION



Principal Place of Business Mailing Address
9300 S. DADELAND BLVD., #209 9300 S. DADELAND BLVD., #209
MIAMI FL 33156 4360 Peters Road MIAMI FL 33156-2712
FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
05/11/1992 04/12/1996
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STERN, RONALD K.
9300 S. DADELAND BLVD.
#209
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name HARRY VENIS
82 Street Address (P.O. Box Number is Not Acceptable)
2455 E SUNRISE BLVD
83 Penthouse North
84 City FT LAUDERDALE FL 85 Zip Code 33304

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 607.0503, Florida Statutes.

SIGNATURE (Signature typed or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE 42287

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	NAME	Change Addition
NAME	STERN, RONALD K.	<input checked="" type="checkbox"/>	1.2 NAME	VENIS, HARRY	<input type="checkbox"/>
STREET ADDRESS	9300 S. DADELAND BLVD.	<input type="checkbox"/>	1.3 STREET ADDRESS	2455 E SUNRISE BLVD	<input type="checkbox"/>
CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/>	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304	<input type="checkbox"/>
TITLE	NAME	DELETED	2.1 TITLE	NAME	Change Addition
NAME		<input type="checkbox"/>	2.2 NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	2.3 STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	2.4 CITY-ST-ZIP		<input type="checkbox"/>
TITLE	NAME	DELETED	3.1 TITLE	NAME	Change Addition
NAME		<input type="checkbox"/>	3.2 NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	3.3 STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	3.4 CITY-ST-ZIP		<input type="checkbox"/>
TITLE	NAME	DELETED	4.1 TITLE	NAME	Change Addition
NAME		<input type="checkbox"/>	4.2 NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	4.3 STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	4.4 CITY-ST-ZIP		<input type="checkbox"/>
TITLE	NAME	DELETED	5.1 TITLE	NAME	Change Addition
NAME		<input type="checkbox"/>	5.2 NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	5.3 STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	5.4 CITY-ST-ZIP		<input type="checkbox"/>
TITLE	NAME	DELETED	6.1 TITLE	NAME	Change Addition
NAME		<input type="checkbox"/>	6.2 NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	6.3 STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	6.4 CITY-ST-ZIP		<input type="checkbox"/>

14. I do 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.

SIGNATURE: (Signature) DATE 42287 DAYTIME PHONE # 0214724

CR2E034 (9/96)