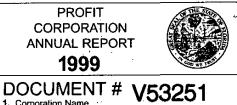
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90019 007 ***150.00

	II e xeri exe i i lt

ALKO P	RINTING, INC.	· ×			
			_		
•	ce of Business	Mailing Address			
3208 NE 2 AVE 3208 NE 2 AVE MIAMI FL 33137 MIAMI FL 33137					
MIAMI EC 3313	AMI FL 3313/ MIAMI FL 3313/		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
	· .			07/27/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applie	
21	· · · · · · · · · · · · · · · · · · ·	26		00 00 10 00 0	oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	
City & Sta	te	City & State		6. Election Campaign Financing 55.00 Ma	v Be
23	•	28		Trust Fund Contribution Added to F	- 1
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	"
24	25	29	30	Personal Property Tax. Yes	No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered Agent	
NEA	VIETIANI DICHADO I		81 Name	· · · · · · · · · · · · · · · · · · ·	
NENEZIAN, RICHARD J. 8181 NW 154TH ST		82 Street Add	ess (P.O. Box Number is Not Acceptable)		
A		83			
	MI LAKES FL 33016				
			84 City	FL 85 Zip Coo	e
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose of changing its rec	istered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was at	ithorized by the corporate	on's board of directors. I hereby accept the appointment as regist	ered
SIGNATURE				d when reinstating) DATE	\
40	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
12.	PD	□ DELETE	1.1 TITLE		Addition
NAME	JOURBADJIAN, KEVORK	_	1.2 NAME		
STREET ADDRESS	0000 NE 0 ALE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	1770 3771 1 2	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME		•	2.2 NAME		
STREET ADDRESS		•	2.3 STREET ADDRESS		1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		Ť ĎETÊLE	3.1 TITLE	Change	Addition .
NAME		•	3.2 NAME		
STREET ADDRESS	3	•	3.3 STREET ADDRESS		}
CITY-ST-ZIP					
TITLE	 		3.4. CITY-ST-ZIP	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Addition
NAME		☐ DELETE	4.1 TITLE	: ☐ Change	Addition
		[] DELETE	4.1 TITLE 4. 2 NAME	☐ Change	Addition
STREET ADDRESS		C) DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS	☐ Change	Addition
CITY-ST-ZIP		· .	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE -	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	_ · ·	Addition
CITY-ST-ZIP TITLE NAME		· .	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		· .	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		- DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		· .	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		- DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change	Addition

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 shanged, or on an attachment with an address, with all other like empowered.