

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

**AMENDED ANNUAL REPORT**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V56275**

1. Corporation Name

**GARCIA PRESSING CORPORATION**

Principal Place of Business

**9245 SW 40 ST  
MIAMI FL 33165**

Mailing Address

**9245 SW 40 ST.  
MIAMI FL 33165**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**GARCIA, LUDIVINA  
8015 SW 17 TERR  
MIAMI FL 33155**

3. Date Incorporated or Qualified  
**08/06/1992**

4. FEI Number  
**65-0348238**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name  
**BAO, ANA M.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8025 SW 17 TERR**  
83  
84 City  
**MIAMI** FL 85 Zip Code  
**33155**

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 **x Ana M BAO**  
Signature typed or printed name of registered agent and who if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE  
NAME **BAO, ANA M.**  
STREET ADDRESS **8025 SW 17 TERR**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TVP** ☒ DELETE  
NAME **GARCIA LUDIVINA**  
STREET ADDRESS **8015 SW 17 TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **STVP** ☒ Change ☐ Addition  
12 NAME **BAO, ANA M.**  
13 STREET ADDRESS **8025 SW 17 TERR**  
14 CITY-ST-ZIP **MIAMI FL 33155**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 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 with all other like empowered.

SIGNATURE: **x Ana M BAO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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