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FILED
Jan 29 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 # 475942 (9)

1. Corporation Name
DOBBS AND BRODEUR, INC. BOOKBINDERS



Principal Place of Business: 1030 E 14TH STREET HIALEAH FL 33010
Mailing Address: 1030 E 14TH STREET HIALEAH FL 33010-3312

3. Date Incorporated or Qualified: 04/30/1975
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2604620
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
LLORET, LUIS
1039 EAST 20 STREET
HIALEAH FL 33010

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLORET, LUIS	12 NAME	
STREET ADDRESS	1039 E 20TH ST	13 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH, FL 00000	14 CITY- ST- ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLORET, JORGE M.	22 NAME	
STREET ADDRESS	1039 E 20TH ST	23 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH, FL 0	24 CITY- ST- ZIP	
TITLE	VP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLORET, ANTHONY	32 NAME	
STREET ADDRESS	1039 E 20TH ST.	33 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	34 CITY- ST- ZIP	
TITLE	VP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLORET, EDWARD	42 NAME	
STREET ADDRESS	1039 E 20TH ST.	43 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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: *Edward Lloret* EDUARDO LLORET 1-24-97 (305) 885-5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)