

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F05957** (8)

1. Corporation Name

**BEST UNIVERSAL COPYING & PRINTING, INC.**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR -6 AM 9:07**

Principal Place of Business Mailing Address  
**1440 NE 131ST ST** **1440 NE 131ST ST**  
**N. MIAMI FL 33161** **N. MIAMI FL 33161**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/27/1980** 3a. Date of Last Report **04/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-2044116** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARREN, CLIFFORD**  
**12310 W. DIXIE HWY**  
**N. MIAMI FL 33161**

**1440 NE 131 ST.**  
**N. MIAMI, FL 33161**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **WARREN, CLIFFORD**  
STREET ADDRESS **12310 W DIXIE HWY**  
CITY - ST - ZIP **N MIAMI FL**

1 1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **1440 NE 131 ST.**  
1.4 CITY - ST - ZIP **N. MIAMI, FL 33161**

TITLE **VD**  
NAME **ARMANDO, BACIGALUPI**  
STREET ADDRESS **12310 W DIXIE HWY**  
CITY - ST - ZIP **N MIAMI FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **1440 NE 131 ST**  
2.4 CITY - ST - ZIP **N MIAMI FL 33161**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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; that I am 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, with an appointment with an address.

SIGNATURE:

*Clifford Warren*

**3/3/95**

**305 8990711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (typed) Telephone #