

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H60547 (7)**
1. Corporate Name
UNIQUE PRINTING, INC.



Principal Place of Business: **7556 W 4TH LANE HIALEAH FL 33014**
Mailing Address: **7556 W 4TH LANE HIALEAH FL 33014**

2. Principal Place of Business:
21 **60 East 10th Avenue**
Suite, Apt. #, etc.
22 City & State: **Hialeah Fla.**
23 Zip: **33010** Country: **U.S.**
24 **33010-1139** 25 **U.S.**
2a. Mailing Address:
26 **PO Box 111956**
Suite, Apt. #, etc.
27 City & State:
28 **Hialeah Florida**
29 **33010-1139** 30 **U.S.**

3. Date Incorporated or Qualified: **06/05/1985** 3a. Date of Last Report: **03/16/1995**
4. FEIN number: **59-2563860** 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. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
MORALES, JULIO
7556 W 4TH LANE
HIALEAH FL 33014

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City:
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.04(1) and 607.15(3), 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 will take effect, the corporation being of this state. Thereby, and to the extent permitted by registered agent familiar with, and accept the obligations of Section 607.04(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORALES, CARLOS	
STREET ADDRESS	60 E. 10TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORALES, JULIO	
STREET ADDRESS	60 E 10TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	33010-1139
15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	33010-1139
19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(a), 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 trustee or trustee-manager of a trust or trust agreement or a partner in a partnership or a partner in a limited liability company, and that my name appears in Book 12 or Book 13 if changed, or on an annual report with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

CR2E034 (12/95)