

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90217 040 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # L25139

1. Corporation Name
BLUE MAGIC PRINTING, INC.



Principal Place of Business % NORBERTO D RODRIGUEZ 13370 SW 128TH ST MIAMI FL 33186	Mailing Address % NORBERTO D RODRIGUEZ 13370 SW 128TH ST MIAMI FL 33186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13370 S.W. 128th Street Suite, Apt. #, etc. 22 City & State 23 Miami, Florida Zip Country 24 33186 25	2a. Mailing Address 26 13370 S.W. 128th Street Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip Country 29 33186 30
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3. Date Incorporated or Qualified 10/24/1989	4. FEI Number 65-0153961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RODRIGUEZ, NORBERTO D.
 13370 SW 128TH ST
 MIAMI FL 33186

10. Name and Address of New Registered Agent
 81 Name
EHG Resident Agents, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
5100 Town Center Circle, Suite 330
 83
 84 City **Boca Raton** FL 85 Zip Code **33486**

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]* **Edward H. Gilbert, President** 4/28/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, NORBERTO D
STREET ADDRESS	13370 SW 128TH ST
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, SUSAN W.
STREET ADDRESS	13370 SW 128TH ST
CITY-ST-ZIP	MIAMI FL 33186
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

1.1 TITLE	President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan W. Rodriguez
1.3 STREET ADDRESS	13370 S.W. 128th Street
1.4 CITY-ST-ZIP	Miami, Florida 33186
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *[Signature]* 4/28/99 (305) 253-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)