

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000058805 (0)  
1. Corporation Name  
**MAZZARELLA GRAPHIC DESIGN, INC.**

Principal Place of Business Mailing Address  
10401 SW 108TH AVE #140C MIAMI FL 33176 10401 SW 108TH AVE #140C MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/10/1994</b>		3a. Date of Last Report <b>N/A</b>	
2. Principal Place of Business		4. FEI Number <b>65-0528755</b>	
21	26	Applied For <input type="checkbox"/> Not Applicable	
22		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		8. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAZZARELLA, JUANITA 10401 SW 108TH AVE #140C MIAMI FL 33176				B1	Name <b>JUANITA MAZZARELLA</b>		
				B2	Street Address (P.O. Box Number is Not Acceptable) <b>10401 SW 108 AVE #140C</b>		
				B3	City <b>MIAMI,</b>		
				B4	City	FL	B5

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: *Juanita Mazzarella* DATE: **4-15-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZARELLA, JUANITA	2. NAME	
STREET ADDRESS	10401 SW 108TH AVE #140C	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33176	4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 or the executor 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 of this report, or on an attachment with an address.

SIGNATURE: *Juanita Mazzarella* - JUANITA MAZZARELLA DATE: **4-15-95** (305) 274-7443