

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000043294 (4)

1. Corporation Name

GRAPHIC SYSTEMS INTERNATIONAL, INC.



Principal Place of Business: 514 SOUTHWEST 88TH PLACE MIAMI FL 33174
7374 N.W. 35 TERRACE MIAMI, FL 33122

Mailing Address: 514 SOUTHWEST 88TH PLACE MIAMI FL 33174
7374 N.W. 35 TERRACE MIAMI, FL 33122

3. Date Incorporated or Qualified: 06/02/1995
3a. Date of Last Report

2. Principal Place of Business: 21 7374 N.W. 35 TERR
22 Suite, Apt. #, etc.

2a. Mailing Address: 26 7374 N.W. 35 TERR
27 Suite, Apt. #, etc.

4. FEI Number: 65-0593370
Applied For: Not Applicable

23 MIAMI, FL
28 MIAMI, FL

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

24 33122 25 U.S.A.
29 33122 30 U.S.A.

6. Election Campaign Financing: \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY 4201 HAYS STREET TALLAHASSEE FL 32301-2525
NURY C. Ruizealderon 7374 NW 35th Terr Miami, FL 33122

10. Name and Address of New Registered Agent: 81 Name: Graphic Systems Int'l, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 7374 N.W. 35 TERRACE
83
84 City: MIAMI FL 85 Zip Code: 33122

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: *Nury C. Ruizealderon* NURY C. Ruizealderon (Sec/Trea. 1/18/96
NOTE: Registered Agent signature required when reinstating. DATE: 1/18/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUIZCALDERON, NURY C	
STREET ADDRESS	514 SOUTHWEST 98TH PLACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACEVEDO, GERMAN	
STREET ADDRESS	16501 BLATT BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLEDO, JESUS R	
STREET ADDRESS	16788 N. WENDALL DRIVE, APT. K-12	
CITY-ST-ZIP	MIAMI FL 33176	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	657 Woodgate Circle
2.3 STREET ADDRESS	Sunrise, FL 33326
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	14255 S.W 57 Lane
3.3 STREET ADDRESS	Miami, FL 33183
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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: *Nury C. Ruizealderon* Nury C. Ruizealderon 1/18/96 305-477-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)