		Ap	plied For				
27399			t Applicat	ole			
esired	\$8.75 Additional Fee Required						
nancing on			May Be o Fees				
or has paid the curredue June 30.	ent ye Yes	ar la	ngible (N				
of New Registered A	gent	V	ע				
Acceptable)							
FL	85	Zip C	Code				
nt for the purpose of a eby accept the appo	chang intme	ing its	registere	od			
DATE			··-	ے ا			
TO OFFICERS AND	DIREC	CTOR	S IN 12	3 (10/07)			
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FILED

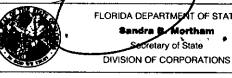
Apr 16 1998 8:00am

Secretary of State

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

PROFIT **CORPORATION** ANNUAL REPORT

1998



P97000003695 (8) DOCUMENT #

MIAMI SPRINGS GRAPHICS, INC.

Principal Place of Business Mailing Address 731 SWAN AVE. MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166					$\neg \neg$	I IOBAROEI IAO FOILI IODAL OEAF DODIA OO	III BBAII BBII		/ 16 701 \$111 1001			
					66				DO NOT WRITE IN THIS SPACE			
									3. Date Mcorporated or Qualified 01/14/1997			
2. Principal P	lace of Busin	ness	24.	Mailing Address					4. El Numb			Applied For
21		· · · · · · · · · · · · · · · · · · ·	26						63-07273	399	·	Not Applicable
Suite, Apt.	. #, etc.	•	— —	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional
City & Stat	la .		27	City & Otata								Required
23	.е		28	City & State					6. Election Campaign Financing Trust Fund Contribution			O May Be
Zip		Country		Zip Countr		untry	,		Trust Fund Contribution This corporation owes or has paid the current 8. This corporation owes or has paid the current			ed to Fees
24		25	29	- -	30				Personal Property Tax due June		Yes	1 XVI
	9. Name	and Address of Curre		ered Agent					10. Name and Address of New Re			
KE	ELLEHER, N	ORMAN				81	Name					
	1 SWAN AV					82	Street	Address	s (P.O. Box Number is Not Acceptab	le)		
Mi	ami sprinc	GS FL 33166				L						
						83						
						84	City				85 Zi	ip Code
11 Pursuant	to the provie	ions of Sections 607.0	502 and 60	7 4500 Florido Statu	ton the c	Ļ			and a second	<u>FL</u>		
office or r	registered ag	ent, or both, in the Sta	te of Florid	ia. Such change was	authorize	od by	3-narrie∪ / the corp	corpora poration	ation submits this statement for the probability acception is board of directors. I hereby accept	urpose or t the app	changing ointment :	j its registered as registered
	ım familiar wi	th, and accept the obii	gations of,	Section 607.0505, Fig.	orida Sta	itutes	3 .		-	•		·
SIGNATURE	Signature, typed	or printed name of registered a	apent and title if	I applicable (NO	TE Registere	ed Age	ent signature	required v	when reinstating)	DATE		
12.		OFFICERS A	-		13.				ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	PRESI	dant -		DELETE	1.1 1	ITLE		V1	CE PRESILENT		☐ Change	
NAME			IAME	J		MAN L KEILANRE JE.						
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CITY-ST-ZIP	WIELDI	Strinos fla. 3	13166		1.4 C	XTY-S	T-ZIP	MIA	miserines fla 33166	•		
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Jineer reported	ı				0.3 3	(DEE) A	VIOLUESO					

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 of supplemental annual report is true and accurate and that my signature shall have the same 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 chapted, or on an attachment with an address.