

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003336 (2)**

1. Corporation Name

**GRAPHIC DESIGN OF MIAMI, INC.**

Principal Place of Business

Mailing Address

5200 SW 8 STREET, STE. B  
CORAL GABLES FL 33134

5200 SW 8 STREET, STE. B  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0459475

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability/or intangible tax under S. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIRVEN, MARY  
5200 SW 8 STREET, STE. B  
CORAL GABLES FL 33134

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |
|-----------------|----------------------------|
| TITLE           | D                          |
| NAME            | SIRVEN, MARY               |
| STREET ADDRESS  | 10300 SW 24 ST., APT. B-12 |
| CITY - ST - ZIP | MIAMI FL 33165             |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

|                    |                         |  |
|--------------------|-------------------------|--|
| 11 TITLE           | SER - TREAS.            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME            | MARILENA RIEGO          |  |
| 13 STREET ADDRESS  | 9545 S.W. 24ST APT B-12 |  |
| 14 CITY - ST - ZIP | MIAMI, FL 33165         |  |
| 21 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                         |  |
| 23 STREET ADDRESS  |                         |  |
| 24 CITY - ST - ZIP |                         |  |
| 31 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                         |  |
| 33 STREET ADDRESS  |                         |  |
| 34 CITY - ST - ZIP |                         |  |
| 41 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                         |  |
| 43 STREET ADDRESS  |                         |  |
| 44 CITY - ST - ZIP |                         |  |
| 51 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                         |  |
| 53 STREET ADDRESS  |                         |  |
| 54 CITY - ST - ZIP |                         |  |
| 61 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                         |  |
| 63 STREET ADDRESS  |                         |  |
| 64 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)(b), 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

*Mary Sirven*

SIGNATURE AT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/21/95*

REGISTERED AGENT