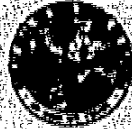


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR 11 PM 3:35**

**CORPORATION**  
**- ANNUAL REPORT**  
**1995**



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

**DOCUMENT # P94000021838 (5)**

1. Corporation Name

**DESIGN LAYOUT & PRINTING INC.**

Principal Place of Business  
**14713 SW 61ST TERRACE**  
**MIAMI FL 33183-2407**

Mailing Address  
**14713 SW 61ST TERRACE**  
**MIAMI FL 33183-2407**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **03/17/1994** 3a. Date of Last Report

4. FEI Number **65-0477319** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRICENO, BELKIS J**  
**14713 SW 61ST TERRACE**  
**MIAMI FL 33183-2407**

81 Name

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

83

84 City

**FL**

85 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 title 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 **DP**  
 NAME **BRICENO, BELKIS J**  
 STREET ADDRESS **14713 SW 61ST TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33183-2407**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

Change  Addition

TITLE **DVT**  
 NAME **GLEN, CARMEN B**  
 STREET ADDRESS **8180 NW GENEVA CT., APT. B421**  
 CITY-ST-ZIP **MIAMI FL 33168**

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

Change  Addition

TITLE **DS**  
 NAME **SIMMONS, HUGH M**  
 STREET ADDRESS **14713 SW 61ST TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33183-2407**

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

Change  Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Belkis J. Briceno* **Belkis J. BRICENO**

**04/07/95**

**(805) 380-6155**

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #