

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 180550 (6)

1. Corporation Name
NATIONAL LITHOGRAPHERS & PUBLISHERS INC.

Principal Place of Business

7700 N W 37TH AVE
MIAMI FL 33147

Mailing Address

7700 N W 37TH AVE
MIAMI FL 33147-4423

3. Date Incorporated or Qualified
10/01/1954

3a. Date of Last Report
07/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-0721308

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

9. Name and Address of Current Registered Agent

~~LEAVY, JONATHAN G.~~
~~7700 NW 37TH AVE~~
~~MIAMI FL 33147~~

10. Name and Address of New Registered Agent

81 Name

Samuel S. Rogatinsky

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

7700 NW 37th AVE

84 City

Miami

FL

85 Zip Code

33147

11. Pursuant to the provisions of Sections 607.0505 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 of officer or director or person in charge of registered agent and street address

(NOTE: Registered Agent Signature required when reinstalling)

DATE

1/3/97

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input checked="" type="checkbox"/> DELETE
NAME	LEAVY, JONATHAN G.	
STREET ADDRESS	7700 NW 37 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, GUSAN	
STREET ADDRESS	7700 NW 37TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEAVY, LAURA G.	
STREET ADDRESS	7700 NW 37TH AVE.	
CITY-ST-ZIP	MIAMI FL 33147	
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	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Benjamin Rogatinsky	
1.3 STREET ADDRESS	7700 NW 37 AVE	
1.4 CITY-ST-ZIP	Miami, FL 33147	
2.1 TITLE	Vice President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Samuel S. Rogatinsky	
2.3 STREET ADDRESS	7700 NW 37 AVE	
2.4 CITY-ST-ZIP	Miami, FL 33147	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97 (305) 641-2800

Date

Daytime Phone #

0206621

CR2E034 (9/96)