ANNU	PROFIT PORATIO JAL REPO 1996	N RT	Sect DIVISION O	PARTMENT (Ira B. Mortha rotary of State DF CORPOR,	DF STATE m e					
1. Corporation		# 20690)4 (5)							
FLAM	iingo blu	e print, inc.					IELA IMEIN MAINN		HI DIGIT DI	
Principal Place	of Busions		Mailing Address							
1010 W. 49			Mailing Address 1010 W. 49 ST.							
HIALEAH F	L 33012		HIALEAH FL 3301	2						
						3. Date Incorporated or C 10/19/1957	Jualified	3a. Date o 0	of Last R 5/01/1	
2. Principal Pla	ace of Busines	s	2a. Mailing Address 26			4. FEI Number 53-0811833				Applied For Not Applicable
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.	······		5. Certificate of Status De	esired		\$8.75	Additional
City & State))	27 City & State			6. Election Campaign Fina	ancing			Required O May Be
23 Zip		Country	28 Zip	Cou	ntry	Trust Fund Contribution 8. This corporation has lia	•	ancible tax	Adde	d to Fees
24	2	5 nd Address of Curren	29	30		Florida Statutes	🗋 Yes	□ No		
	9, Name a	NO ADDIESS OF COTTEN	r negistered Agent		81 Name	10. Name and Address of	DT NEW HE	gistered A	gent	
	SDALE, PATI N. 49 ST.	RICIA		·	82 Street Addr	ress (P.O. Box Number is Not /	Acceptable)	}		
	AH FL 33012	2			83					
					84 City		·····		85 Zu	o Code
					84 City				05 24	10006
11. Pursuant to	o the provision	s of Sections 607.0502	and 607.1508, Florida Stat	utes, the abo		ration submits this statement fo	or the purpo	FL ose of chan	'	
IST THE PART	to the provision ed agent, or bo th, and accept	s of Sections 607.0502 bh, in the State of Floric the obligations of, Section	and 607.1508, Florida Stat la. Such change was autho on 607.0505, Florida Statut	utes, the abo rized by the c es.		ration submits this statement fo rd of directors. I hereby accept	or the purpo the appoir	FL ose of chan itment as re	'	
SIGNATURE	in, and accept	printed name of registence agent a	and the Papelicatio	es. NOTE: Rugisterad		od when reinstahing)		DSE of chan itment as re	ging its r egistered	egistered office agent. I am
SIGNATURE _	in, and accept	the obligations of, execting	and the Papelicatio	es.	ve-named corpor orporation's boar Agent sgnature require			Dise of chan Itment as re LIATE ERS AND L	ging its r egistered	egistered office agent. I am
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