FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **229941** **(0)**

1. Corporation Name

LABELS UNLIMITED INC

Principal Place of Business

1121 NW 29TH ST
MIAMI FL 33127

Mailing Address

8199 NW 71 ST.
MIAMI FL 33166
US

3. Date Incorporated or Qualified: **11/06/1959**
3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-0878495** ☐ 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
21 8199 NW 71 STREET
22 Suite, Apt. #, etc
23 City & State: Miami FL ~~33166~~
24 Zip: 33166 25 Country: U.S.

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

KESSLER, MARY
3501 KEYSER AVE VILLA 47
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: HARRIET KESSLER
82 Street Address (P.O. Box Number is Not Acceptable): 1284 BAYVIEW CIRCLE
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33326

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: Harriet Kessler HARRIET KESSLER 3/8/96
(Signature of Registered Agent) (Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KESSLER,MARY		12 NAME		
STREET ADDRESS	3501 KEYSER AVE VILLA 47		13 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		14 CITY ST ZIP		
TITLE	V	☐ DELETE	21 TITLE	P	☒ Change ☐ Addition
NAME	KESSLER, HARRIET		22 NAME	KESSLER, HARRIET	
STREET ADDRESS	8199 NW 71 ST.		23 STREET ADDRESS	8199 NW 71 ST.	
CITY-ST-ZIP	MIAMI FL		24 CITY ST ZIP	MIAMI, FL 33166	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY ST ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

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14. I (We) hereby certify that the information supplied with this filing is complete, accurate and not misleading. 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 attached sheet, with an address.

SIGNATURE: Harriet Kessler 3/8/96 305-592-4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

CR2E034 (12/95)