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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

246771

(0)

FILED Apr 15 1996 8:00 am Secretary of State



UNIVERSAL PRINTING COMPANY

Principal Place of Business

Mailing Address

3100 N.W. 74TH AVE. MIAMI FL 33122

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				3. Date incorporated or Qualified 04/21/1961	3a. Date of Last Report 04/20/1995	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			59-0937098	Not Applicable	
Suite, Apl. #, etc. [22]	Suite, Apt. #, etc). 		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing	\$5.00 May Bo	
	Country Zip Country			1 rust Fund Contribution	Added to Fees	
24 25	29	30		This corporation has liability for intangible tax under single 199.032, Florida Statutes		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
		81	Nanie			
BECHTEL,RONALD W		82	Stroot Addres	ss (P.O. Box Number is Not Accentable	ol	
3100 N.W. 74TH AVE.		62	Street Addres	ss (F.O. box number is not acceptable	ןיב ן	
MIAMI FL 33122		83				
		1 1	City		85 Zip Code	
Pursuant to the provisions of Sections 607.0502 are or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Section SIGNATURE Signal we spend or protect name of registered agent and	607.0505, Florida Stati		ation's board	of directors. I hereby accept the appoi	oose of changing its registered office intment as registered agent. I am	
12. OFFICERS AND C		13.	egnamet required v	ADDITIONS/CHANGES TO OFFIC	DATE CLODE IN 10	
TIFLE VP	DELETE	1 : 101LE]	ADDITIONS OF ANGES TO OFFIC	Change Addition	
NAME BECHTEL,RONALD W		1.2 NAME			Change Nosition	
STHEEF ADDRESS 440 CARDINAL ST		1.3 STREET AL	IDOS DE			
CITY-ST-ZIP MIAMI SPGS FL		1.4 CITY - ST -				
THUE S	[] DELETE	2 1 TITLE			Change	
NAME BECHTEL, GLORIA A.		2 2 NAME			C o rouge C Mounton	
STRICE ADDRESS 440 CARDINAL ST.	440 CADDINIAL OT		ODRESS			
OTY-SE ZIP MIAMI SPGS FL		2 4 CHY- ST-				
THUE P	DELFTE	3 1 THILE			Change Addition	
NAME NICOL, RICHARD		3.2 NAME				
STHEET ADDRESS 6830 N. ST. ANDREWS DR.		33 STREET A	DDRESS			
CITY ST ZIP HIALEAH FL		3.4 CHTY-ST	Zif'			
THE	☐ DELFTE	4. 1 TITLE	1		☐ Change ☐ Addition	
NAME		4.2 NAME				
STREET ADDRESS		4.3 SPREET AD	OFESS			
C(TY+ST+ZP		4.4 CITY - ST - 2	ZIP			
T-10.F	DELETE	5 1 THILE			Change Addition	
NAM:		5.2 NAME				
STHEET ADDRESS		5.3 STREET AD	DRESS			
City St-ZiP		64670.61	20			
TITLE		5.4 C-TY - ST - 2	/ir	<u> </u>		
NAME	☐ DELETE	6. 1 TrTLF	(11"		Change Addition	
	☐ DELETE		(III)		Change Addition	
STREET ADDRESS	DELETE	6. 1 TrTLE			Change Addition	

4. To 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 in this annual report or supplemental final report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office nor director by the corporation or the receiver or to stee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if or langed, or I in an adaptment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

305-592-5387