FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:30

DOCUMENT # **389639** **(6)**

1. Corporation Name
DYNACOLOR GRAPHICS, INC.

Principal Place of Business	Mailing Address
1182 N.W. 159TH DRIVE MIAMI FL 33169	P. O. BOX 699007 MIAMI FL 33269 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/13/1971	02/11/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-1361686	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUNCANSON,DONALD M 1182 NW 159TH DR MIAMI FL 33169	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	11 TITLE	☐ Change ☐ Addition
NAME	DUNCANSON, HARRY	12 NAME	
STREET ADDRESS	1044 HARRISON ST	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PEREZ, MANUEL	22 NAME	
STREET ADDRESS	1450 S. BAYSHORE DR, 912	23 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 0	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	DUNCANSON, ROBERT H	32 NAME	
STREET ADDRESS	3941 SW 53 AVE	33 STREET ADDRESS	
CITY ST ZIP	DAVIE FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	DUNCANSON, DONALD M	42 NAME	
STREET ADDRESS	4204 MADISON ST	43 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD, FL 0	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Harry L. Duncanson V.P. 1/11/95 (305)625-5358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0432320 FP