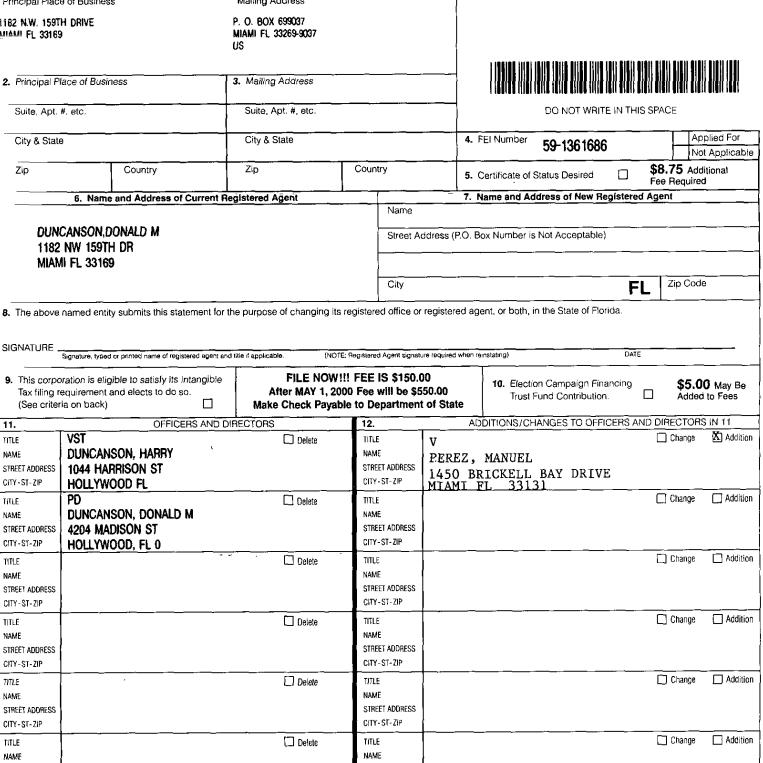
## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 389639** DYNACOLOR GRAPHICS, INC. Principal Place of Business Mailing Address 1182 N.W. 159TH DRIVE P. O. BOX 699037 MIAMI FL 33269-9037 MIAM! FL 33169 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name

## **FILED** Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90127 001 \*\*\*150.00



(66/6)

13. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an other like empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

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V

SIGNATURE:

DUNCANSON.DONALD M

9. This corporation is eligible to satisfy its Intangible

DUNCANSON, HARRY

DUNCANSON, DONALD M

1044 HARRISON ST

4204 MADISON ST

HOLLYWOOD, FL 0

HOLLYWOOD FL

Tax filing requirement and elects to do so.

(See criteria on back)

VST

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

1182 NW 159TH DR MIAMI FL 33169

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

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NAME STREET ADDRESS

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CITY-ST-ZIP

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-625-5388

00

Daytime Phone #