

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 408069 (3)

1. Corporation Name
H & D GRAPHICS, INC.

Principal Place of Business

950 SE 8TH ST.
P O BOX 110490
HIALEAH FL 33011

Mailing Address

950 SE 8TH ST.
P O BOX 110490
HIALEAH FL 33011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1972	3a. Date of Last Report 02/05/1996
4. FEI Number 59-1414202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

STINSON JR., LOUIS
4675 PONE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAFF, ROBERT L. JR.	
STREET ADDRESS	1105 HERON RD.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MERGENTHAL, WAYNE	
STREET ADDRESS	950 S.E. 8TH ST. P.O. BOX 110490	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISRAEL, JASON	
STREET ADDRESS	11222 QUAIL ROOST DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NEUBARTH, SANFORD	
STREET ADDRESS	11222 QUAIL ROOST DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STINSON, LOUIS JR., ESQ.	
STREET ADDRESS	4675 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRABER, LAWRENCE	
STREET ADDRESS	950 S.E. 8TH ST. P.O. BOX 110490	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JORGE B. SAN MIGUEL	
1.3 STREET ADDRESS	950 S.E. 8TH ST. P.O. BOX 110490	
1.4 CITY-ST-ZIP	HIALEAH FL 33010	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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

SIGNATURE REQUIRED (LAWRENCE GRABER 9/1/97 12:00 PM)

CR2E034 (4/97)