

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 30 1998 8:00am
Secretary of State

DOCUMENT # 408069 (3)

1. Corporation Name
H & D GRAPHICS, INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1972

4. FEI Number

59-1414202

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SANMIGNAL, JORGE B
STREET ADDRESS 110490 8TH ST P.O. BOX 11048
CITY-ST-ZIP HALEAH FL

☐ DELETE

TITLE V
NAME MERGENTHAL, WAYNE
STREET ADDRESS 950 S.E. 8TH ST. P.O. BOX 110490
CITY-ST-ZIP HALEAH FL

☐ DELETE

TITLE D
NAME ISRAEL, JASON
STREET ADDRESS 11222 QUAIL ROOST DRIVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS
NAME NEUBARTH, SANFORD
STREET ADDRESS 11222 QUAIL ROOST DR.
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE SD
NAME STINSON, LOUIS JR., ESQ.
STREET ADDRESS 4675 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE T
NAME GRABER, LAWRENCE
STREET ADDRESS 950 S.E. 8TH ST. P.O. BOX 110490
CITY-ST-ZIP HALEAH FL

☐ DELETE

1.1 TITLE PD
1.2 NAME SAN MIGUEL, JORGE B
1.3 STREET ADDRESS 950 S.E. 8TH ST. P.O. BOX 110490
1.4 CITY-ST-ZIP HALEAH FL 33011

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE AS/O
4.2 NAME Michael Casale
4.3 STREET ADDRESS 11222 QUAIL ROOST DR
4.4 CITY-ST-ZIP MIAMI FL

☒ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE F/O
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I 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 *Lawrence Graber* LAWRENCE GRABER

3/6/98 12-57888-8707

CR2E034 (10/97)