SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State SAREP 18 AH 8:59 DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (6)426217 -STATE STATE STATE GENERAL ENVELOPE MFG. CO., INC. Mailing Address Principal Place of Business 2340 N.W. 7TH PLACE 2340 N.W. 7TH PLACE MIAMI FL 33127 MIAMI FL 33127 3a. Date of Last Report 3. Date Incorporated or Qualified 05/22/1973 05/31/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1462111 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for iprangible tax under s. 199 032, Country Zιρ Zipi Florida Statutes Yes No 29 30 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALONSO, JORGE Street Address (P.O. Box Number is Not Acceptable) 2131 S.W.21ST ST. 82 **MIAMI FL 33145** 83 85 Zip Code 84 City 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 (NOTE Registered Agent signature required when reliestating). Significating a composition manufactory deserting enhant the it spectiable (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITUE TITLE ALONSO, JORGE **CR2E034** : 2 NAME NAME 2131 S.W. 21ST STREET 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 14 CHTY - ST. ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE -09/19/96--01004--009 2.2 NAME NAME ****225.00 ****225.00 2.3 STREET ADDRESS STREET ADDRESS 2 4 CH Y - ST - ZIP CITY-ST-ZIP Change Addition DELETE 311111 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 41 THLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CiTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TOLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE STLE P NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 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)(k). Florida Statutes 1 lurther certify that the information is upplied on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changes or organ attachment with an address.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: