FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 495828

1. Corporation Name

GRAPHIC FINISHERS, INC.

Principal Place of Business Mailing Address						T (001) DIGID (019) GISOL ISING LIBOL STIL BIRIL DIGIL BIRIL DIGIL BIRIL DIGIL DIGIL
6908 NW 46 ST. 6908 NW 46 ST. MIAMI FL 33166-5604						
(mmm)						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	· <u> </u>					01/30/1976
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1647241 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible
24	25	29 30	0			Personal Property Tax.
	9. Name and Address of Current					10. Name and Address of New Registered Agent
				81	Name	
GONZALEZ, MIRIAM				82	Chun at A dal	ress (P.O. Box Number is Not Acceptable)
4541 S.W. 5TH TERRACE				82	Street Addit	ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33134			l	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 egent and title if applicable. (NOTE: Re				Agent :	signature required	d when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 717		1	Change Addition
NAME	GONZALEZ, MIRIAM		1.2 NA	ME	1	
STREET ADDRESS	4541 S.W. 5TH TERRACE		1.3 ST	REETA	ADDRESS	
CITY-\$T-ZIP	111111111111111111111111111111111111111		1.4 CI	TY-ST-	ZIP	
TITLE	TD DELETE :		2.1 TIT	2.1 TITLE		☐ Change ☐ Addition
NAME	MESTRE, ERNESTO		2.2 NA	2.2 NAME		
STREET ADDRESS	ss 4541 S.W. 5TH TERR.		2.3 STREET AODRESS		NODRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		-ZIP	
TITLE	SO DELETE		,3.1.ТП	,3.1.TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ERNEST		3.2 NAME		}	
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CI	ITY-ST-	-ZIP	
TITLE		☐ DELETE	4.1 TT			☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	

CITY-ST-ZIP 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 changes. Or man attachment with an address, with all other like empowered.

4 CITY+ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

XURE REQUIRED

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

Addition

☐ Addition