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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	529685	
A Composition Name		

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UNIV	ERSAL LITHO AND ALBUI	MS, INC.		i ibbisi bida dibis daka bida daka	JAN ANN ANDRANGU ANALE	IBII BEBI BIBN 1881
Principal Place	a of Bueinage	Malling Address				
550 W 84T		Mailing Address 550 W 84TH STRE	:FT			
	SARDENS FL 33014-3616	HIALEAH GARDEN US				
-21				3. Date Incorporated or Qualified 03/18/1977	3a. Date of Last F 05/01/1	
2. Principal Pl T	lace of Runness	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-1729613	\$R 7	Not Applicable 5 Additional
		27		5. Certificate of Status Desired		Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution		00 Мау Ве
Zip	Country	Zip	Country	This corporation has liability for in	Adde	199.032
느	9. Name and Address of Curr	29	30	Florida Statutes 🔀 Yes	□ No	
	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
MORE	NO, JOSE ANTONIO			(DO B. M. J		
13330	S.W. 5 ST.			dress (P.O. Box Number is Not Acceptabl	le)	
MIAMI	FL 33184		83			
			84 City		85 Z	ip Code
5 D	1- the				FL °° E	
. ⊢ursuant t	to the provisions of Sections 607 Ost	02 and 607 1508. Florida Stati	utee the above passed corn	protion automita this statement for the		
				poration submits this statement for the purporard of directors. Thereby accept the appo	pose of changing its pintment as registered	registered office d agent. I am
familiar wit	to the provisions of Sections 607,050 red agent, or both, in the State of Floth, and accept the obligations of, Se			oration submits this statement for the purp pard of directors. I hereby accept the appo	pose of changing its intment as registered	registered office d agent. I am
familiar wit	th, and accept the obligations of, Se Signature typed or printed name of registered age	ction 607.0505, Florida Statution and little if applicable.		pard of directors. I hereby accept the appo	pose of changing its pintment as registered DATE	registered office d agent. I am
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SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X 2 - 14 - 9 6 30 5 - 55 7 - 25 7 5