

**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 CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 653858 (1)

1. Corporation Name **HAND PRINTS BY GIOVANNI, INC.**



Principal Place of Business 7760 N.W. 73RD COURT MEDLEY FL 33166	Mailing Address 7760 N.W. 73RD COURT MEDLEY FL 33166
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2. Principal Place of Business 21. Suite, Apt. #, etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified 01/29/1980	3a. Date of Last Report 01/26/1995
4. FEI Number 59-1977323	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 has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORALES, JUAN E.
12820 SW 2 ST
MIAMI FL 33184**

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 607.1504, 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]* DATE: **7/26/96**

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE	NAME MORALES, JUAN E
STREET ADDRESS	7760 N.W. 73RD COURT		
CITY - ST - ZIP	MEDLEY FL		
TITLE	S	<input type="checkbox"/> DELETE	NAME MORALES-CARDOSO, BLANCA
STREET ADDRESS	7760 N.W. 73RD COURT		
CITY - ST - ZIP	MEDLEY FL		
TITLE	VD	<input type="checkbox"/> DELETE	NAME MORALES, ELINA R
STREET ADDRESS	7760 N.W. 73RD COURT		
CITY - ST - ZIP	MEDLEY FL		
TITLE	T	<input type="checkbox"/> DELETE	NAME MORALES, MARTA E
STREET ADDRESS	7760 N.W. 73RD COURT		
CITY - ST - ZIP	MEDLEY FL		
TITLE	V	<input checked="" type="checkbox"/> DELETE	NAME GARCIA, ELINA M.
STREET ADDRESS	7760 N.W. 73RD COURT		
CITY - ST - ZIP	MEDLEY FL		
TITLE		<input type="checkbox"/> DELETE	NAME
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

DELETE

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. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **7/20/96** 888-3328 (309)

CR2E034 (3/96)