SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE A/A/NS: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	INUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS							SECRETARY OF STATE OUVISION OF CORPORATIONS				
DOCUMENT # F95446 (3) BAYSHORE GRAPHICS, INC.								95 JUH 15 AM II: 01				
Principal Place of Business Mailing Address 2054 N.W. MIAMI COURT 2054 N.W. MIAMI COURT MAMI FL 33127-4920 MIAMI FL 33127-4920											-DAGE	
								Date Incorporati	OO NOT WRITE ad or Qualified	3a. Dat	e of Last Rep	port
2. Principal Pla	ace of Busines	s	2n. Mailing Address				4. 1	08/13/1982 FEI Number		<u> </u>	01/1994 \^	pplied For
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.				59-2222056 Certificate of Sta	itus Desired		\$8.75	ot Applicable Additional
22			City & State		<u>-</u>			Election Campa				equired May Be
23 Z _{IP}		Country	28 Zm	l co	into/			Trust Fund Con	Inbution	internal his du	Added	to Fees
24	Country Zip 25 29 30				Country			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name a	nd Address of Current	Registered Agent		81	Name	10.	Name and Add	iress of New R	legistered	Agent	
NENEZIAN	NHOL L				Ш							
550 FALC					82	Street Add	dress (P.C). Box Number i	s Not Acceptab	Ne)		
	GS. FL 3316	6			83							
					84	City				FL	85 Zip	Code
					-							
familiar with	th, and accept	is of Sections 607.0502 oth, in the State of Florid the obligations of, Section printed name of registered agent of	and 607.1508, Florida Sta a. Such change was auth on 607.0505, Florida Statu nd title if applicable	atutes, the abo lorized by the outes. INOTE Registered					ment for the pur accept the appo	pose of chointment as	anging its rec registered a	gistered office igent. I am
familiar with SIGNATURE	th, and accept	the obligations of, Section	on 607.0505, Florida Statu and title if applicable	INOTE Rogestered	l Agent		and when rem			DATE	DIRECTOR	S IN 12
SIGNATURE	Shruture, typod or NENEZIAN, 550 FALCO	period name of regulated agent a OFFICERS AND JOHN E. N AVE.	on 607.0505, Florida Statu and title if applicable	NOTE Progratures 13. 111 12 N 1.35	ITLF AME TREET	ADDRESS	and when rem	stating		DATE		·
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SIGNATURE	Shruture, typod or NENEZIAN, 550 FALCO	printed name of regulared agent a OFFICERS AND JOHN E. N AVE.	on 607.0505, Florida Statu and title if applicable	NOTE Progratures 13. 111 12 N 1.35	I Agori	ADDRESS	and when rem	stating		DATE	DIRECTOR Change	S IN 12
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certify that the information indicated on this annual report is true and accurate and that my signature shall have the same topol effect as if made under outh, that I am an officer or director of the corporation or the receiver of 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 phanged, or on an attachment with an address.

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