FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # (3) BAYSHORE GRAPHICS, INC. Principal Place of Business Mailing Address 2058 NW MIAMI CT. 2058 NW MIAMI CT. MIAMI FL 33127 MIAMI FL 33127 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 08/13/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2222056 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NENEZIAN, JOHN /IRGIN)A NENESI 550 FALCON AVE. Street Address (P.O. Box Number is Not MIAMI SPGS. FL 33166 83 MAIL 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 amigar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE printed name of registered reput and the it appear OF HICERS AND DIRECTORS (NOT): Registered Age 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME NENEZIAN, JOHN E. 1.2 NAME 550 FALCON AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE President Change TITLE Addition 2.1 TITLE NENEZIAN, VIRGINIA Nenezian Virginia NAME 2.2 NAME 17201 SW 74 AVE 2054 N.W. MIAMI COURT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP MIANI FL <u>33157</u> 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition Sec-Treasurer Aru, Carolyn NAME 3.2 NAME nu loyave. STREET ADDRESS 3.3 STREET ADDRESS 33028 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Channe NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Addition

14. I hereby certify that the information supplied with this filing doos 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 changed, or on an affactment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS