

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.**  
**AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$400)**

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 9:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

<b>CORPORATION ANNUAL REPORT 1995</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Name and Mailing Address of Corporation: **DOCUMENT # G 28970 (3)**  
 Miami Impressions Screen Printing Corp.  
 9758 SW 8th Street  
 Miami FLA 33174

3. Date Incorporated or Qualified	3a. Date of Last Report
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

<b>FILING FEE \$225.00</b>	<b>Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee</b>
<b>MAKE CHECK PAYABLE TO DEPARTMENT OF STATE</b>	

4. FET Number	Applied For
	Not Applicable

2. Mailing Address	2a. Principal Place of Business
31 8758 SW 8th Street	26 2140 W. 73 Street
32 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami FLA 33174	28 Hialeah Fla.
24 33174	29 33016

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$138.75 Supplemental Fee Not Required
<input type="checkbox"/>	

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

Prashnik Jacobo  
 1750 W. 56 Street #222  
 Hialeah Fla.

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
11 TITLE	PO
12 NAME	Prashnik Jacobo
13 STREET ADDRESS	1750 W. 56th Street #222
14 CITY-ST-ZIP	Hialeah Fla.
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

300001484643  
 -05/11/95 -01091 -008  
 \*\*\*200.00 \*\*\*200.00

5/1/95  
MST

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 or change, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 5-1-95 DAYTIME PHONE: 227-2120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR