

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G30117 (7)

1. Corporation Name
SUPREME COPY SERVICES, INC.



Principal Place of Business 20435 N.W. 25TH CT. P.O. BOX 55-1854 OPA LOCKA FL 33056-1552	Mailing Address 20435 N.W. 25TH CT. P.O. BOX 55-1854 OPA LOCKA FL 33056-1552
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2. Principal Place of Business	2a. Mailing Address
21 18800 N.W. 2ND AVE Suite, Apt. #, etc.	26 P.O. BOX 55-1854 Suite, Apt. #, etc.
22 SUET 211 C City & State	27 CAROL CITY City & State
23 MIAMI FLORIDA Zip Country	28 MIAMI FLORIDA Zip Country
24 33169 25 USA	29 33055 30 USA

3. Date Incorporated or Qualified 03/23/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2277227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAKS, CARL L.
666 ROBERTS BLDG.
28 W.FLAGLER ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and FEI - Applicable. (NON-Registered Agent signature required when registering.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HINES, LAVAL T	
STREET ADDRESS	20435 NW 25TH CT	
CITY-ST-ZIP	CAROL CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HINES, CONSTANCE	
STREET ADDRESS	20435 N.W. 25TH COURT	
CITY-ST-ZIP	CAROL CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	19440 N.W. 3RD ST
1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	19440 N.W. 3RD ST
2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does 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 attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (9/96)