

**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 # H90504 (2)
1. Corporation Name
HILCRAFT ENGRAVING, INC.



Principal Place of Business 116 NE 6TH ST. MIAMI FL 33132	Mailing Address 116 NE 6TH ST. MIAMI FL 33132
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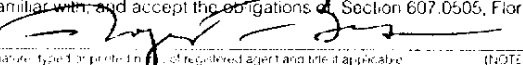
3. Date Incorporated or Qualified 12/18/1985	3a. Date of Last Report 11/06/1995
4. FEI Number 59-2617349	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc	22. Mailing Address Suite, Apt. #, etc
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent
**PRICE, IRA B.
5901 SOUTHWEST 74TH STREET
SUITE 404
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent
81 Name
ROGER BESU, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
815 N.W. 57th Ave., Suite 484
83
84 City
Miami 85 Zip Code
FL 33126

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:  DATE: **6/25/96**

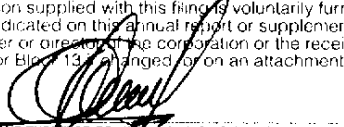
12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOPEZ, EDEL	
STREET ADDRESS	7521 S.W. 138 CT.	
CITY - ST - ZIP	MIAMI 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

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LOPEZ, EDELBERTO	
13 STREET ADDRESS	7521 S.W. 138 Ct.	
14 CITY - ST - ZIP	Miami FL	
21 TITLE	VP/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MORALES, FRANCISCA	
23 STREET ADDRESS	620 West 63 Drive	
24 CITY - ST - ZIP	Hialeah, FL 33012	
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		

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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, unchanged or on an attachment with an address.

SIGNATURE:  **6-25-96 (305) 377-8621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDELBERTO LOPEZ

CR2E034 (3/96)