

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H90504 (2)
 1. Corporation Name
HILCRAFT ENGRAVING, INC.



Principal Place of Business 3960 NW 26 ST MIAMI FL 33142 US	Mailing Address 116 NORTH ST. MIAMI FL 33132 <i>3960 NW 26 ST MIAMI FL 33142</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Cntry
24	29 30

3. Date Incorporated or Qualified 12/18/1985	
4. FEI Number 59-2617349	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROGER, BESU E
815 N W 57TH AVENUE SUITE 484
SUITE 404
SOUTH MIAMI FL 33143

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	LOPEZ, EDEL	
STREET ADDRESS	7521 S.W. 138 CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPTS	<input type="checkbox"/>
NAME	MORALES, FRANCISCA	
STREET ADDRESS	620 WEST 63 DRIVE	
CITY - ST - ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1. NAME			
1. STREET ADDRESS			
1. CITY - ST - ZIP			
2. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
2. STREET ADDRESS			
2. CITY - ST - ZIP			
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3. NAME			
3. STREET ADDRESS			
3. CITY - ST - ZIP			
4. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4. NAME			
4. STREET ADDRESS			
4. CITY - ST - ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5. NAME			
5. STREET ADDRESS			
5. CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for 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 in an attachment with an address.

SIGNATURE: *Walter M...* **3-16-98 (30) 871-6100**

CR2E034 (10/97)