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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J22116

(4)

A.B. GRAPHICS, INC.

Principal Place of Business		Mailing Add	Mailing Address			4 LOONILE DUIS 11018 11861 91901 LUSIL DUI	\$(0))		
N ALFRED L. BLUM 7491 N.W. 8TH STREET MIAMI FL 33126		7491 N.W. BT	% ALFRED L. BLUM 7491 N.W. BTH STREET Miami Fl 33126-2912						
						3. Date Incorporated or Qualified 06/30/1986	3a. Date of Last 05/30/1996	Report	
·	Place of Business		2a. Mailing Address			4. FEI Number	A	\pplied For	
21			26			<b>59-2693816</b> Not Applicable			
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
City & State		27 City & St	City & State					Required	
23		F-¬ '	28			Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	1	Country		· · · · · · · · · · · · · · · · · · ·			
24	25		30			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No			
	9. Name and Address of Cur	rent Registered Age	nt			10. Name and Address of New Re	ğistered Agent		
	red blum			81	Name				
7491 N.W. 8TH STREET MIAMI FL. 33126				82	Street /	Address (P.O. Box Number is Not Acceptab	le)		
. MIN	MI FL. 33 120			83					
				84	City	TO A	<b> 85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607 (	0502 and 607 1508 F	Inrida Statute	s the above	-named	corporation submits this statement for the p	FL	ite registered	
Onice of i	registered agent, or both, in the St im familiar with, and accept the ob-	ate of Fiorida, Such c	nande was at	ulnorized by	tine corn	poration's board of directors. Thereby accep	t the appointment as	s registered	
SIGNATURE	,	gar tau an accessor		To Orallico					
	Signature, typed or printed name of registered	<del></del>	(NOTE:	Registered Age	nt signature	required when reinstating)	DATE		
12.		AND DIRECTORS	1 000 010	13.	- 7	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD ALEDED	L	J DELETE	1.1 TITLE			☐ Change	Addition	
NAME	BLUM, ALFRED 7491 NW 8TH ST			1.2 NAME					
STREET ADDRESS	MIAMI FL			1.3 STREET					
CITY-ST-ZIP TITLE	STD		DELETE	14 CITY-ST 21 TITLE	1-719		Change	T Addition	
NAME	BLUM, FLORENCE	_	Juilli	2 2 NAME			[] Change	☐ Addition	
STREET ADDRESS	7491 NW 8TH ST			2.3 STREET	ADDDSSS				
CITY-ST-ZIP	MIAMI FL			2.4 DIY-S					
TITLE			DCLETE	3.1 TITLS	1-211		Change	Addition	
NAME		_		3.2 NAME					
STREET ADDRESS				3.3 \$1RE£1	ADDRESS				
CITY-\$1-ZIP				3.4. CITY - S	T-7IP				
TITLE			DELETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 \$1REET /	ADDRESS				
CITY-ST-ZIP	·			4.4 CITY - ST	- 7IP				
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME				}	
STREET ADDRESS				5.3 STREET A	ADDRESS				
CITY-ST-ZIP			1.00.000	5.4 CITY - ST	- ZIP				
TITLE		Ĺ	] DELFTE	6.1 TITLE			Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET /	ADORESS				
CITY_CT.7IP				E CACITY DI	710				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this angular eport or supplemental autobat 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 of true to empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 ivehanger, or one at that my name with an address.

-4-1X-97 X(205)264-25

**FILED** 

Apr 25 1997 8:00am

Secretary of State