· FILE'I	NOW: F	ILING FEE A	FTER MAY 1 IS	\$ \$22	5.00			
PR CORPC ANNUAL	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # J28527 (6)								
1. Corporation Na HELEN'S	GRAPHIC	CS, INC.				t indesse des esta esta esta esta esta esta esta es	ALI 1861 B1811 I	nigir grafi digni gigni bigit laga
Principal Place of	Business		Mailing Address					
% R. DANIEL K 700 NORTHEAS		e T	% R. DANIEL KOPPEN 700 NORTHEAST 90TH STREET					
MIAMI FL 33138-3206			MIAMI FL 33138-3206			3. Date incorporated or Qualified 08/12/1986		ete of Last Report 04/14/1995
2. Principal Place			2a. Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number 59-2711562		Applied For Not Applicable
PAGE 1 PROPERTY PROPE			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional
315 N.E. 127th Street			27 315 N.E. 1	27th S	treet			Fee Required
City & State 23 N. Miami, FL			City & State 28 N.Miami, FL			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Zip		Country	Zip	Cou	ntry	8. This corporation has liability	or intangible ∕es ∐No	etax under s. 199.032,
24 33168 25 USA 29 9. Name and Address of Current Regi				J 08	ISA	Florida Statules XX Yes LINO 10. Name and Address of New Registered Agent		
	r. Daniel Theast 907 33138	h street			82 Street Ac8384 City	ddress (P.O. Box Number is Not Accer		85 Zip Code
or registered familiar with	d agent, or bol , and accept ti		n 607.0505, Florida Statuter	S.	corporation: or o	poration submits this statement for the poard of directors. I hereby accept the a guiet who recordings	purpose of appointment	changing its registered offic as registered agent. I am
12.		OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS		ECH, HELEN 127TH STREET	☐ DEFELE	1.21	T.TLE NAME STREET ADDRESS DITY-ST-ZIP			
CITY-ST ZIP	D	MAMILY L	☐ DELETE		TITLE			Change Addition
NAME	WOYTOV	ECH, HELEN			NAME			
STREET ADDRESS	315 N. E. NORTH M	127TH STREET			STREET ADDRESS			
CITY - ST - ZIP TITLE	VP	WAIII C	DELETE		THE			Change Addition
NAME		ECH, SUZONNE			NAME CTOLE LADORICO	· ·		
STREET ADDRESS	315 NE 1 NORTH M				STREET ADDRESS CITY - S1 - ZIP			
CITY-ST-ZIP TITLE	1401111111		DELETE		TITLE			Change Addition
NAME		/			NAME STREET ADDRESS			
SIREFT ADDRESS			d> 1		CHY-ST-ZIF			
CITY - ST - ZIP TITLE			CO DEFETE		TITLE			Charige Addition
NAME		/ 4/	/, ⁽ V ₁ /)	•	NAME CTO: C L ADORCO:			
STREET ADDRESS		1		5.3	STREET ADDRESS			

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or descriptor the corporation or the received 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 air attachment with an addressy.

5.4 CHY-ST 7IP

6 3 STREET ADDRESS

6.4 C-1Y - ST - 7IP

6 1 TITLE

62 NAME .

SIGNATURĘ:

CITY - ST - ZIP

STREET ADDRESS

THUE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

HELE W WOY TO VECTOR

4-11-96 305 893-0697

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CR2E034 (12/95)