

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J47197 (5)  
1. Corporation Name  
UNITED GRAPHIC MANAGEMENT, INC.

Principal Place of Business Mailing Address  
15260 NW 60TH AVE. MIAMI LAKES, FL 33014  
P.O. BOX 173064  
HIALEAH FL 33017-0064  
15260 NW 60TH AVE. MIAMI LAKES, FL 33014  
P.O. BOX 173064  
HIALEAH FL 33017-0064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/16/1986  
4. FEI Number  
59-2745594  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 4915 N.W. 159 ST.  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI, FL  
Zip  
24 33014  
Country  
25 US  
2a. Mailing Address  
26 P.O. Box 173064  
Suite, Apt. #, etc.  
27  
City & State  
28 HIALEAH, FL  
Zip  
29 33017  
Country  
30 US

9. Name and Address of Current Registered Agent

RYAN, JOHN S. III  
15260 NW 60TH AVENUE  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City MIAMI, FL 85 Zip Code 33014

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/11/98

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS    | CITY-ST-ZIP    | DELETE                   |
|-------|-------------------|-------------------|----------------|--------------------------|
| P     | RYAN, JOHN S. III | 15260 NW 60TH AVE | MIAMI LAKES FL | <input type="checkbox"/> |
| ST    | JONES, BARBARA    | 15260 NW 60TH AVE | MIAMI LAKES FL | <input type="checkbox"/> |
|       |                   |                   |                | <input type="checkbox"/> |
|       |                   |                   |                | <input type="checkbox"/> |
|       |                   |                   |                | <input type="checkbox"/> |
|       |                   |                   |                | <input type="checkbox"/> |
|       |                   |                   |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME           | STREET ADDRESS | CITY-ST-ZIP | CHANGE                              | ADDITION                 |
|-------|----------------|----------------|-------------|-------------------------------------|--------------------------|
| 1.1   | SAME           |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.1   | ROACH, BARBARA | SAME ADDRESS   |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1   |                |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.1   |                |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1   |                |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1   |                |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |

14. I 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 amendment with an address.

SIGNATURE: REQUIRED

8/11/98 (305) 623-8623

CR2E034 (5/98)