FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

I	1996		Secretary of State DIVISION OF CORPORATIONS					
DOCUN	MENT # KO7	972	(8)					
·	O GRAPHICS, INC.					I PARIBULI DII BRIGI KARIB (BUI) 1871	IO NGA ANDII DIDII AIRII DIDI	
est tem								
Principal Place LAZARO /		Maling As						
8181 NORTH	NVEST 36 STREET. #29	8181 N	aro albelo Korthwest 36	STREET. #29)			
MIAMI FL 33	1166	MIAMI	FL 33166			3. Date Incorporated or Qualified 12/17/1987	3a. Date of Last R 02/14/19	•
. '	ice of Business	2a. Mailing	g Address			4. FEI Number		Applied For
Suite, Apt. #	f. etc.	26 Suite	Apt. #, etc.			65-0020649		Not Applicable Additional
22		27				5. Certificate of Status Desired		Required
City & State		28	State			Election Campaign Financing Trust Fund Contribution	Adde	O May Be d to Fees
Ζίρ		29 29	29 Count 30		Y	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No		
[** 	9. Name and Address of (. L	4gent	[30]		10. Name and Address of New F		
				81	Name			
), LAZARO			82	Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
9620 N. BAY 6-E	W. 80TH AVENUE			83				<i>,</i>
	H GARDENS FL 33016			84	D		Tap 1 7	- 0-4-
_				I -] - 1			p Code
or registere familiar with SIGNATURE	ed agent, or both, in the State on the accept the obligations of the o	of Florida. Such chang f, Section 607.0505, F	je was authoriz Florida Statutes	red by the corps.	ooration's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	ointment as registered	l agent. I am
12.	Styrar ne, typed or print diname of register OF HCEF	ed agent and the dapplearing RS AND DIRECTORS	(NC	DTE Registered Age	ent signature require	ed wher reinstalling) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO)BS IN 12
THE	PTD		□ D€LFTE	1 1 Tillue			☐ Change	Addition
NAME:	ALBELO, LAZARO			1.2 NAME				
STREET ADDRESS	3020 SW 132ND AVE. MIAMI FL				T ADDRESS			
	VSD		DELETE	2.1 TITLE			Change	☐ Addition
NAM-	ALBELO, MIREYA			2 2 NAME			[] 5.15.186	, ALLENSON
STREET ADDRESS	3020 SW 132ND AVE.			2.3 STREE	1 ADDRESS			
C-1Y-SI-ZF	MIAMI FL			24 CITY-				
Telef			☐ DELFTE	3 1 TITLE			☐ Change	☐ Adr
NAME S1961 LADDRESS				3.2 NAME	FT ADDRESS			
CHY ST ZIP				3.4 CHY-				
[]Lif		· · ·	☐ DELĒTE	4 1 Tilke			Change	T
NAM-				4.2 NAME				
STREET ADDRESS					T ADDRESS			
GEY ST Zet			DELETE	4.4 CITY - 5.1 TITLE			Change	-
NAME		'		5 2 NAME			<u>П</u> оначас	
STREET ADDRESS					T ADDRESS			
(+1Y-S1 ZiP				5 4 CITY -				
T-I4F			□ D€LETE	6 1 TITLE			☐ Change	
NAME:				6.2 NAME				
STREET ADDRESS					T ADDRESS			
C1Y-SI-7P	L y certify that the information sup	oplied with this filing is	voluntarily furr	64 CITY- hished and do		for the exemption stated in Section 119	.07(3)(k), Florida Statul	te

14. Fro hereby certry that the information supplied with this hing is voluntarily turnshed and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statute 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 reach, 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE

Daytne Phone II

Daytne Phone II