

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # K11565

(4)

95 MAY -1 AM 9:28

1. Corporation Name

M GRAPHICS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

821 SW 95TH TERRACE  
PEMBROKE PINES FL 33025

Mailing Address

821 SW 95TH TERRACE  
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/12/1988

3a. Date of Last Report

02/02/1994

4. FEI Number

65-0038069

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEIVA, ROLANDO E.  
4950 S.W. 72ND AVENUE, SUITE #102  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

MELTZER, LEONARD M.

82 Street Address (P.O. Box Number is Not Acceptable)

821 SW 95TH TERRACE

83

84 City

PEMBROKE PINES FL

85 Zip Code

33025

11. Pursuant to the provisions of Sections 607.0302 and 607.1306, 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 607.0302, Florida Statutes.

SIGNATURE

*Leonard M. Meltzer*

(NOTE: Registered Agent signature required when reappointing)

4/26/95

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |
|-----------------|-------------------------|
| TITLE           | V                       |
| NAME            | MELTZER, JUDITH A.      |
| STREET ADDRESS  | 821 SW 95TH TERRACE     |
| CITY - ST - ZIP | PEMBROKE PINES FL 33025 |
| TITLE           | PD                      |
| NAME            | MELTZER, LEONARD M.     |
| STREET ADDRESS  | 821 SW 95TH TERRACE     |
| CITY - ST - ZIP | PEMBROKE PINES FL 33025 |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I 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 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 an attachment with an address.

SIGNATURE: *Leonard M. Meltzer* - PRESIDENT

LEONARD M. MELTZER

4/26/95

DATE

305-431-1686

Telephone Number