

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$400)

**APPROVED
AND
FILED**

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # K12684 (2)**

AR. Graphics Corp.
8758 SW. 8 STREET
Miami, Fla. 33174

3. Date Incorporated or Qualified 3a. Date of Last Report

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE \$225.00 Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number Applied For / Not Applicable

2. Mailing Address 2a. Principal Place of Business

21 8758 SW. 8TH STREET 26 7910 SW. 20 STREET

22 27

23 Miami Fla. 33174 28 Miami, Fla.

24 33174 29 33155 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

Rafes Alexandra
7910 SW 20 STREET
Miami, Fla. 33155

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

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD.	1.1 TITLE	
1.2 NAME	REYES Alexandra	1.2 NAME	
1.3 STREET ADDRESS	7910 SW. 20TH STREET	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Miami Fla. 33155	1.4 CITY-ST-ZIP	800001484699
2.1 TITLE	S	2.1 TITLE	-05/11/95 -01031 -007
2.2 NAME	REYES Nicasio	2.2 NAME	****200.00 ****200.00
2.3 STREET ADDRESS	7910 SW. 20 STREET	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Miami Fla. 33155	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/1/95 M8T

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE: *Alexandra Reyes* 5-1-95 227-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #