


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K79816 (0) 1. Corporation Name KAM GRAPHICS, INC.					
Principal Place of Business RONALD MOLINA 8190 W. 26TH AVE. HALEAH FL 33016			Mailing Address RONALD MOLINA 8190 W. 26TH AVE. HALEAH FL 33016-2747		
2. Principal Place of Business 21 3351 N. W. 168 STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip 24 33056 Country 25 USA		2a. Mailing Address 26 3351 N. W. 168 STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip 29 33056 Country 30 USA		3. Date Incorporated or Qualified 04/12/1989	
				3a. Date of Last Report 04/30/1996	
				4. FEI Number 65-0110995	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MOLINA, RONALD 14851 SW 37TH COURT MIRAMAR FL 33027			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	MOLINA, RONALD				
STREET ADDRESS	14851 SW 37TH COURT				
CITY-ST-ZIP	MIRAMAR FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	MOLINA, RONALD				
1.3 STREET ADDRESS	14851 S.W. 37TH COURT				
1.4 CITY-ST-ZIP	MIRAMAR, FL 33027				
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	MOLINA, JOSEPHINE				
2.3 STREET ADDRESS	14851 S.W. 37TH COURT				
2.4 CITY-ST-ZIP	MIRAMAR, FL 33027				
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 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 attachment with an address.					
SIGNATURE: <i>Ronald Molina</i> RONALD MOLINA 4/2/97 305-622-5100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)