

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

FILED

Apr 24 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **L16251** (5)

1. Corporation Name
PANORAMA PRINTING, INC.

Principal Place of Business
**454 N.W. 22ND AVENUE NO. 101
MIAMI FL 33125**

Mailing Address
**454 N.W. 22ND AVENUE NO. 101
MIAMI FL 33125-3355**



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|---|------------------|---------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/13/1989 | 3a. Date of Last Report 07/11/1996 |
| 21. Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 4. FEI Number 65-0145205 | Applied For <input type="checkbox"/> Not Applicable |
| 25. Suite, Apt. #, etc. | 26. City & State | 27. Zip | 28. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29. Suite, Apt. #, etc. | 30. City & State | 31. Zip | 32. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

GUERRA, JORGE A.
454 NW 22ND AVENUE NO 101
MIAMI FL 33125

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 _____ (Type, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUERRA, JORGE A. | 1.2 NAME | |
| STREET ADDRESS | 2823 NW 24 ST <i>New Home Adds.</i> | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | VS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUERRA, OLGA L. | 2.2 NAME | |
| STREET ADDRESS | 2823 NW 24TH STREET <i>New Home Adds.</i> | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 2.4 CITY - ST - ZIP | |
| TITLE | PTD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUERRA Jorge A. | 3.2 NAME | |
| STREET ADDRESS | 2500 N.W. 28 St. # 703 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | Miami FL 33142 | 3.4 CITY - ST - ZIP | |
| TITLE | VS | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUERRA OLGA L. | 4.2 NAME | |
| STREET ADDRESS | 2500 N.W. 28 St # 703 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | Miami FL 33142 | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/97

Date

305-642-8084

Daytime Phone #

0163700

CR2E034 (9/96)