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

Feb 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** L30053 GIANT PRINTS, INC. Principal Place of Business Mailing Address 5255 NW 165TH ST. MIAMI FL 33014 5255 NW 165TH ST. MIAMI FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1989 2a. Mailing Address ■. FEI Number 2. Principal Place of Business Applied For Not Applicable 65-0156174 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, otc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country ZID Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** ndiolfo skrande ARMANDO MENDEZ 8865 LOS MINOS CIRCLE CORAL GABLES FL 33143 Street Address (P.O. Box Number is Not Acceptable)
1450 N. AUGUSTA DR. 82 R3 Zip Code 33015 84 MIAMI provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered red eyent, 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 flow with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the office or registe agent. I amplar 2 - ARMAND MENDEZ 01/26/98 SIGNATURE ed ramae (10) ste rod agent and little if applicable OF TICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE SKRANDE, ADOLFQ 1.2 NAME NAME 11827 SW 9774 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI PL 1.4 CITY - ST - ZIP CFTY-ST-ZIP Change Addition TITLE DELETE 21 TOLE MENDEZ, IGNACIO NAME 2 2 NAME 14341 ARLINGTON PLACE STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 2.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Channe Addition 3.1 TITLE TITLE MENDEZ, ARMANDO 3.2 NAME 7450 N. AUGUSTA DR. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY ST - ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE CARLOS AMOR 8060 SW 11H ST 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS MIAM! FL 4.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 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 conformation 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 changes or on an attractment with an address.

Leu de Z Depen or Philippo name of Signing Officer or Director

SIGNATURE:

FILED

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