FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L38297** **(2)**

1. Corporation Name

MASTERCLIP GRAPHICS, INC.

Principal Place of Business	Mailing Address
5201 RAVENSWOOD ROAD #111 5201 RAVENSWOOD ROAD #111 FT. LAUDERDALE FL 33312	5201 RAVENSWOOD ROAD #111 5201 RAVENSWOOD ROAD #111 FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/20/1989	05/13/1994

2. Principal Place of Business	2a. Mailing Address
21 2750 N. 29th Avenue	26 2750 N. 29th Avenue
Suite, Apt. #, etc. 22 Suite 309	Suite, Apt. #, etc. 27 Suite 309
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip / Country 24 33020 / 25	Zip / Country 29 33020 / 30

4. FEI Number: 59-2988566 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLINGHOFFER, TEDDY D. ESQ. 150 WEST FLAGLER STREET SUITE 2200 MIAMI FL 33130	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 _____ DATE
Signature required if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	MARK, JILL G.	12 NAME	Mark, Jill G.
STREET ADDRESS	706 S. DIXIE HWY #110	13 STREET ADDRESS	2750 N. 29th Ave. Suite 309
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	WELLES, CLIFFORD Y.	22 NAME	Delete
STREET ADDRESS	5201 RAVENSWOOD RD.#111	23 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	CALDERIN, CAROLINA	32 NAME	Delete
STREET ADDRESS	3107 ALHAMBRA CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Jill G. Mark Jill G. Mark (305) 922-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021B80 CP