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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L76227** **(2)**

1. Corporation Name
ADVANCE BUSINESS FORMS AND PROMOTIONAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 143379 CORAL GABLES FL 33134	P. O. BOX 143379 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/25/1990**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business
21: 17905 S.W. 13th Court
22: Suite, Apt. #, etc.
23: City & State: Pembroke Pines FL
24: Zip: 33029
25: Country: Broward

2a. Mailing Address
26: P.O. Box 820437
27: Suite, Apt. #, etc.
28: City & State: South Florida, FL
29: Zip: 33082-0437
30: Country: Broward

4. FEI Number: **65-0239743** ☐ 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEON, VALERIE
1032 SOROLLA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

91 Name: Valerie Leon
92 Street Address (P.O. Box Number is Not Acceptable): 17905 S.W. 13th Court
93:
94 City: Pembroke Pines FL 95 Zip Code: 33029

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: Valerie Leon 7.8.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☒ Change ☐ Addition
NAME	LEON, EMILIO O.	12 NAME	
STREET ADDRESS	1032 SOROLLA AVENUE	13 STREET ADDRESS	17905 S.W. 13th Court
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	VT	21 TITLE	☒ Change ☐ Addition
NAME	HERZOG, VALERIE J.	22 NAME	
STREET ADDRESS	1032 SOROLLA AVENUE	23 STREET ADDRESS	17905 S.W 13th Court
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 added on an attachment with an address.

SIGNATURE: Valerie Leon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436077 FP