


Jan 29 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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| <b>DOCUMENT # L77348 (5)</b>  |  |
| <b>1. Corporation Name</b><br><b>LASERGRAPH PRINTING COMPANY</b>  |  |
| <b>Principal Place of Business</b><br><b>501 BRICKELL KEY DRIVE</b><br><b>SUITE 400</b><br><b>MIAMI FL 33131</b><br><b>US</b> | <b>Mailing Address</b><br><b>501 BRICKELL KEY DRIVE</b><br><b>SUITE 400</b><br><b>MIAMI FL 33131-2624</b><br><b>US</b> |

|  |  |
|--|--|
| <b>2. Principal Place of Business</b>  | <b>2a. Mailing Address</b>   |
| <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. | <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. |
| <div style="border: 1px solid black; padding: 2px;">27</div> City & State        | <div style="border: 1px solid black; padding: 2px;">27</div> City & State        |
| <div style="border: 1px solid black; padding: 2px;">28</div> Zip                 | <div style="border: 1px solid black; padding: 2px;">28</div> Zip                 |
| <div style="border: 1px solid black; padding: 2px;">29</div> Country             | <div style="border: 1px solid black; padding: 2px;">29</div> Country             |

|   |   |
|---|---|
| <b>9. Name and Address of Current Registered Agent</b>  |   |
| <b>SLOSBERGAS, NELSON</b><br><b>501 BRICKELL KEY DRIVE SUITE 400</b><br><b>SUITE 305</b><br><b>MIAMI FL 33131</b> | <div style="border: 1px solid black; padding: 2px;">81</div> Name           |
|   | <div style="border: 1px solid black; padding: 2px;">82</div> Street Address |
|   | <div style="border: 1px solid black; padding: 2px;">83</div>                |
|   | <div style="border: 1px solid black; padding: 2px;">84</div> City           |

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is an officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ (NOTE: Registered Agent signature required)

| 12. OFFICERS AND DIRECTORS   |                                 | 13.  |
|--|---------------------------------|--|
| <div style="border: 1px solid black; padding: 2px;">DP</div> <div style="border: 1px solid black; padding: 2px;">CAPOANO, ANTHONINHO</div> <div style="border: 1px solid black; padding: 2px;">501 BRICKELL KEY DRIVE SUITE 400</div> <div style="border: 1px solid black; padding: 2px;">MIAMI FL</div> | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div>  | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div>  | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div>  | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div>  | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
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**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and appears in Block 12 or Block 13 if changed, by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR