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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000009501 (6)

1. Corporation Name  
MONOGRAMS U.S.A., INC.

Principal Place of Business  
801 N. CONGRESS AVE  
891  
BOYNTON BEACH FL 33426  
US

Mailing Address  
301 N.W. 78TH TERR  
PLANTATION FL 33324-1912  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 801 N. CONGRESS AVE

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified  
02/08/1993

3a. Date of Last Report  
04/16/1996

4. FEI Number

65-0421073

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

HOLLANDER, BRUCE L  
5555 HOLLYWOOD BLVD  
SUITE 200  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35 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

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRACI, ARTHUR  
STREET ADDRESS 301 NW 78TH TERRACE  
CITY- ST- ZIP PLANTATION FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME Change Addition

1.2 NAME Change Addition

1.3 STREET ADDRESS Change Addition

1.4 CITY- ST- ZIP Change Addition

2.1 NAME Change Addition

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY- ST- ZIP Change Addition

3.1 NAME Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY- ST- ZIP Change Addition

4.1 NAME Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY- ST- ZIP Change Addition

5.1 NAME Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY- ST- ZIP Change Addition

6.1 NAME Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY- ST- ZIP Change Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 561-736-7914

Date

Daytime Phone #

CR2E034 (9/96)