

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 17 PM 1:15

DOCUMENT # **P93000023486 (2)**

1. Corporation Name

**HUB LABELS SOUTH INCORPORATED**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**1925 SW 123 CT**                      **1925 SW 123 CT**  
**MIAMI FL 33175**                      **MIAMI FL 33175**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/23/1993**                              **01/25/1994**

2. Principal Place of Business      2a. Mailing Address  
21    2a    26

4. FEI Number      Applied For  
**65-0397381**                              Not Applicable

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23 City & State      28 City & State

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

24 Zip      25 Country      29 Zip      30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DAHURA, ARTURO S**  
**1925 SW 123 CT**  
**MIAMI FL 33175**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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 printed name of registered agent, as in item 9, applicable)

(Signature) (Typed printed name of registered agent, as in item 10, applicable)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE      PD  
NAME      **DAHURA, ARTURO S**  
STREET ADDRESS      **1925 SW 123 CT**  
CITY, ST, ZIP      **MIAMI FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11 TITLE       Change       Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

21 TITLE       Change       Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

31 TITLE       Change       Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

41 TITLE       Change       Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

51 TITLE       Change       Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

61 TITLE       Change       Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and is true and correct and equally for the corporation stated in Section 119.07(3)(a), 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. 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 as an attachment with an address.

SIGNATURE: *Arturo D. Dahura*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-95      (38) 553-7524  
DATE      CUSTOMER PHONE #