

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P93000028942 (9)
 1. Corporation Name
GBG'S PRINTING SERVICES INC.



Principal Place of Business 10331 NW 27TH AVE MIAMI FL 33147 US	Mailing Address 10332 NW 27TH AVE MIAMI FL 33147-1225 US
---	--

3. Date Incorporated or Qualified 04/20/1993	3a. Date of Last Report 08/14/1996
--	--

21. Principal Place of Business 10331 N.W. 27th Ave	26. Mailing Address 10331 N.W. 27th Ave
22. Suite, Apt #, etc. None	27. Suite, Apt #, etc. None
23. City & State Miami, Florida	28. City & State Miami, Florida
24. Zip 33147	25. Country DADE

4. FEI Number 65-0405678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BELTON, NATASHA C
1310 NW 178 TER
MIAMI FL 33169

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **SAME REGISTERED**
 84 City **AGENT** **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: typed or 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 DSR	<input type="checkbox"/> DELETE	1.1 TITLE President-CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GHEHT, GLORIA		1.2 NAME Gloria Ghent	
STREET ADDRESS 12501 NW 27TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GHEHT, JIMMY		2.2 NAME Jimmy Ghent	
STREET ADDRESS 12501 N.W. 27TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GHEHT, CHRISTOPHER		3.2 NAME	
STREET ADDRESS 12501 N.W. 27TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33167		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELTON, LORETTA		4.2 NAME	
STREET ADDRESS 1310 N.W. 178 TERR.		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33169		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GHEHT, CARITA		5.2 NAME	
STREET ADDRESS 12501 NW 27TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE DSR	<input type="checkbox"/> DELETE	6.1 TITLE NATASHA BELTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS 1310 N.W. 178 TERR		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FLORIDA 33169		6.4 CITY-ST-ZIP	

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: **Gloria B. Ghent** 4/28/97 (265) 696-9685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)