

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1993	4. FEI Number 65-0405679	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 10329 N.W. 27th Ave Suite, Apt. #, etc. None	2a. Mailing Address 26 10329 N.W. 27th Ave Suite, Apt. #, etc. None
22 None	27 None
23 City & State Miami Florida	28 City & State Miami Florida
24 Zip 33147 Country DADE	29 Zip 33147 Country DADE

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	
		84 City James Registered Agent	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHEHT, GLORIA	1.2 NAME	
STREET ADDRESS	12501 NW 27TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHEHT, JIMMY	2.2 NAME	
STREET ADDRESS	12501 N.W. 27TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" 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 33187 (Deceased)	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 33189	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELTON, NATASHA	6.2 NAME	
STREET ADDRESS	1310 NW 178 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I 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 Ghent, Gloria Ghent President 4/25/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # **0212337**

CR2E034 (10/97)