

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90064 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000028942

1. Corporation Name
GBG'S PRINTING SERVICES INC.



Principal Place of Business 10329 NW 27TH AVE MIAMI FL 33147 US	Mailing Address 10329 NW 27TH AVE MIAMI FL 33147 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10329 N.W. 27th Ave Suite, Apt. #, etc. none 22 City & State MIAMI Florida 23 Zip 33147 Country DADG	2a. Mailing Address 26 10329 N.W. 27th Ave Suite, Apt. #, etc. none 27 City & State MIAMI Florida 28 Zip 33147 Country DADG
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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 the current year Intangible Personal Property Tax. <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	84 City Registered Agent	85 Zip Code FL
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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

TITLE	P <input type="checkbox"/> DELETE
NAME	GHEHT, GLORIA
STREET ADDRESS	12501 NW 27TH AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	GHEHT, JIMMY
STREET ADDRESS	12501 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BELTON, LORETTA
STREET ADDRESS	1310 N.W. 178 TERR.
CITY-ST-ZIP	MIAMI FL 33169
TITLE	D <input type="checkbox"/> DELETE
NAME	GHEHT, CARITA
STREET ADDRESS	12501 NW 27TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	DSR <input type="checkbox"/> DELETE
NAME	BELTON, NATASHA
STREET ADDRESS	1310 NW 178 TERR
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Gloria Ghent **Gloria Ghent, President** 4/26/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)