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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000055 (1)

MLR PRINTING, INC.

Principal Place of Business Mailing Address 3350 8W 27TH AVE 3350 SW 27TH AVE ONE GROVE VILLA ONE GROVE VILLA COCONUT GROVE FL 93133 COCONUT GROVE FL 33133-5306 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1993 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0465167 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SILVER, SCOTT A ONE GROVE VILLA 82 Street Address (P.O. Box Number is Not Acceptable) 3350 SW 27TH AVE **COCONUT GROVE FL 33133** 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (9/96) DELETE TITLE 1.1 TITLE Change TIAPAGO, MARCO NAME 1.2 NAME ONE GROVE VILLA / 3350 SW 27TH AVE STREET ADDRESS 1.3 STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP 1.4 DITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 INAME STREET ADDRESS 4.3 \$TREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addilion TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 ÇITY-ST-ZIP DELETE TITLE Change Addition 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 Blook 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST- ZIP

CITY-ST-ZIP