

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000001920 (4)**

1. Corporation Name

**MICROGRAPHICS BUSINESS PRODUCTS CORPORATION**



**200001890992**  
-07/11/96--01040--039  
\*\*\*200.00

Principal Place of Business

~~2151 LEJEUNE ROAD, MEZZANINE  
CORAL GABLES FL 33134~~

Mailing Address

~~2151 LEJEUNE ROAD, MEZZANINE  
CORAL GABLES FL 33134~~

3. Date Incorporated or Qualified **01/06/1995**

3a. Date of Last Report

4. FEIN Number **65-0542342**

Applied For Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has authority for alternative tax under S. 1374(c), Florida Statutes  Yes  No

2. Principal Place of Business

21 80 SW 8th St

22 Suite 2000

23 Miami FL

24 33130

2a. Mailing Address

26 80 SW 8th St

27 Suite 2000

28 Miami FL

29 33130

9. Name and Address of Current Registered Agent

~~WILSON, J. EVERETT  
2151 LEJEUNE ROAD, MEZZANINE  
CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name **Sheppard McHenry IV**  
82 Street Address (P.O. Box Number is Not Acceptable) **80 SW 8th St Suite 2000**  
83 City **Miami**  
84 State **FL** Zip **33130**

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 effected under 11, the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE **Sheppard McHenry**

**Sheppard W. McHenry 6/17/96**

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
2. NAME	<b>WILSON, J. EVERETT</b>	
3. STREET ADDRESS	<b>2151 LEJEUNE ROAD, MEZZANINE</b>	
4. CITY, ST, ZIP	<b>CORAL GABLES FL 33134</b>	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>President, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Adj
2. NAME	<b>EDUARDO B. MARTINS</b>	
3. STREET ADDRESS	<b>80 SW 8th street #2000</b>	
4. CITY, ST, ZIP	<b>Miami FL 33130</b>	
5. TITLE	<b>Vice-President, Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Adj
6. NAME	<b>Sheppard W. McHenry IV</b>	
7. STREET ADDRESS	<b>80 SW 8th Street #2000</b>	
8. CITY, ST, ZIP	<b>Miami FL 33130</b>	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Adj
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Adj
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Adj
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied in this filing is true, correct and complete, and that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

CR2E034 (12/95)