

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000041023
1. Corporation Name
SUNCOAST GRAPHICS, INC.

Principal Place of Business
**13960 N.W. 60TH AVENUE
MIAMI LAKES, FL 33014**

Mailing Address
**13960 N.W. 60TH AVENUE
MIAMI LAKES, FL 33014**

2. Principal Place of Business
21 **13960 N.W. 60TH AVENUE**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI LAKES, FL**
Zip Country
24 **33014** 25 **U.S.A.**

2a. Mailing Address
26 **13960 N.W. 60TH AVENUE**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI LAKES, FL**
Zip Country
29 **33014** 30 **U.S.A.**

3. Date Incorporated or Qualified
MAY 24, 1995

3a. Date of Last Report
MAY 24, 1995

4. FEI Number
65-0585526

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 liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**JOSE M. REIGOSA
15440 N.W. 83RD COURT
MIAMI LAKES, FL 33016**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
13960 N.W. 60TH AVENUE
83
84 City
MIAMI LAKES FL 85 Zip Code
33014

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR/PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOSE M. REIGOSA	
STREET ADDRESS	15440 N.W. 83RD COURT	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13960 N.W. 60TH AVENUE
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR/VICE-PRESIDENT
2.3 STREET ADDRESS	ORLANDO VALDES
2.4 CITY-ST-ZIP	13960 N.W. 60TH AVENUE
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR/SECRETARY
3.3 STREET ADDRESS	LAURENCE A. KELLER
3.4 CITY-ST-ZIP	13960 N.W. 60TH AVENUE
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	600001838416
5.4 CITY-ST-ZIP	-05/24/96--01038--001
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***208.75
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. REIGOSA

APRIL 30, 1996 305-821-0400

CR2E034 (12/95)