

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000072062 (9)**

1. Corporation Name

MIAMI GRAPHICS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

C/O DESKTOP DESIGNS OF MIAMI, INC.
15271 N. W. 60TH AVENUE, SUITE 100
MIAMI LAKES FL 33014

C/O DESKTOP DESIGNS OF MIAMI, INC.
15271 N. W. 60TH AVENUE, SUITE 100
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified
09/15/1995

3a. Date of Last Report
NONE

2. Principal Place of Business

2a. Mailing Address

21 **16025 NW 64 AVE**

26 **15505 Bull Run Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 309**

27 **# 231**

City & State

City & State

23 **Miami Lakes FL**

28 **Miami Lakes FL**

Zip Country

Zip Country

24 **33014**

25

29 **33014**

30

4. FEI Number

65-0615579

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 liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBER, PATRICIA J
C/O DESKTOP DESIGNS OF MIAMI, INC.
15271 N. W. 60TH AVENUE, SUITE 100
MIAMI LAKES FL 33014

81 Name **Patricia J Leber**

82 Street Address (P.O. Box Number is Not Acceptable)
16025 NW 64 AVE
APT 309

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 *Patricia J Leber* **PATRICIA J Leber, President**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	LEBER, PATRICIA J	15271 N.W. 60TH AVENUE, SUITE 106	MIAMI LAKES FL 33014	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	D, P, T, S		
1.2 NAME	Leber, Patricia J		
1.3 STREET ADDRESS	16025 NW 64 AVE # 309		
1.4 CITY - ST - ZIP	Miami Lakes FL 33014		
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 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 on an attachment with an address.

SIGNATURE: *Patricia J Leber* - **PATRICIA J Leber, President** 1/25/96

CR2E034 (12/95)

208-263-8243