FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000033766 (2)**

1. Corporation Name
ML LITHO, INC.

Principal Place of Business
3240 N. POWERLINE ROAD
POMPANO BEACH FL 33069

Mailing Address
3240 N. POWERLINE ROAD
POMPANO BEACH FL 33069-1077

3. Date Incorporated or Qualified: **04/15/1996**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0658849 — 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
CHARBONNEAU, PIERRE
3240 N. POWERLINE ROAD
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
81 Name: FERNAND LAMOTHE
82 Street Address (P.O. Box Number is Not Acceptable): 721 SE 17th STREET
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33316

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: Fernand Lamothe — 04/15/97
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	PD	☐ DELETE
NAME	LABELLE, MICHEL	
STREET ADDRESS	3240 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	☒ DELETE
NAME	CHARBONNEAU, PIERRE	
STREET ADDRESS	3240 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	☐ DELETE
NAME	LABELLE, ALAIN	
STREET ADDRESS	3240 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	AD	☐ DELETE
NAME	MONTMARQUETTE, LOUISE	
STREET ADDRESS	3240 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	AD	☐ DELETE
NAME	LABELLE, DIANE	
STREET ADDRESS	3240 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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.

SIGNATURE: Michel Labelle — 4-28-97

CR2E034 (9/96)