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**PROFIT** CORPORATION ANNUAL REPORT

BRICKELL OFFSET PRINTING, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

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FILED
Jan 14 1997 8:00am
Secretary of State

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		12111	IN MA			ı

Principal Pia	ace of Business	Mailing Ad	dress							
800 S MIAMI AVE 800 S MIAMI AVE MIAMI FL 33130 MIAMI FL 33130-4121										
							3. Date Incorporated or Qualified 07/18/1996	3a. Dat	e of Last R	eport
· ·	Place of Business	<b>2a.</b> Mailing	Address				4. FEI Number 65-0680187		<u> </u>	plied For
21 Suite An	ot # etc.	26 Suito A	nl # ote				Q2-0690(0)		<del></del>	t Applicable
22		27				5. Certificate of Status Desired Section Fee Required				
City & St	ale	City & S	tate				6. Election Campaign Financing		\$5.00	
<b>23</b> Zip	Country	<b>28</b>   		Coun			Trust Fund Contribution	<u> </u>	Added	
24	<b>25</b>	29		30	лигу		8. This corporation has fiability for in Florida Statutes		ax under s   No	. 199.032,
	9. Name and Address of C		ent	1301			10, Name and Address of New Reg		•	
RF	TZ, GILBERT C			8	81	Name			<u> </u>	···
200	25 SW 32ND AVE			8	82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)		. · · · · · · · · · · · · · · · · · · ·
MI	AMI FL 33145			8	83					
				E	84	City		· · · · · · · · · · · · · · · · · · ·	85 Zip (	Code
						-		<u> FL</u>	1 1	
office or agent. I	n to the provisions of Sections ut r registered agent, or both, in the Lam familiar with, and accept the	97 0502 and 607 1508, State of Florida Such obligations of Section	change was a 607.0505, Flo	es, me abo authorized orida Statu	ove by ites.	-named corpo the corporation.	oration submits this statement for the p on's board of directors. I hereby accep	rpose of the appo	changing it intment as	s registered registered
SIGNATURE	F Signature typed or perfect ranacof reges	ered agont and lite of appearable	(NO1)	E: Registered /	Agen	nt signature require	id when reinstating)	DATE		
12.	OFFICE	RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TOLE	D		DELETE	1.1 TITL	ŀ			· · · · · · · · · · · · · · · · · · ·	Change	Addition
HAME	HABER, EVELYN			1.2 NAM	VI :					
STREET ADDRESS	700.00 1111 7 7 7 112			1.3 \$1R	EET /	ADDRESS				
CHY-SI-7F	MIAMI FL 33015		- Drugge	1 4 C(T)		- Z(P			7	
TILE	D CARY	i	DELFTE	21 1111				'	Change	Addition
NAME STREET ADDRESS	HABER, GARY 16815 NW 74 AVE			. 2 2 NAM		*DODGGG				
CHY-S1-7/2	MIAMI FL 33015			2 4 CIT		ADDRESS	* **		1.1	
TITLE	D		DELETE	3 1 TITL		1.716				Addition
NAME	HABER, GARY J								1 Change	
STREET ADORESS				3.2 NAM	VI -				] Change	
0.1.4 61 71	s   <b>16815 NW 74 AVE</b>			3.2 NAM 3.3 STRI		ADDRESS			Change	
CITY-ST-7-P	s   16815 NW 74 AVE   MIAMI FL 33015				REET A	ADDRESS T-ZIP			] Change	
THEE			DELETE	3 3 STR	REET /				Change Change	Addition
		Ţ	DELETE	3 3 STR	REET / [3 - S]				·	Addition
THEE	MIAMI FL 33015		DELETE	3 3 STRI 3 4. CIT 4 1 TITE 4. 2 NAM	REET / IN - SI II IN E				·	Addition
TULE NAME	MIAMI FL 33015			3 3 STRI 3 4. CIT 4 1 TITE 4. 2 NAM	REET / IN - ST IN E IN E REET /	T-ZIP ADDRESS			·	
TOLE  NAME  STREET ADDRESS  CITY-SE-76*  TOLE	MIAMI FL 33015		DELETE	3 3 STRI 3 4 CIT 4 1 TITE 4. 2 NAM 4 3 STRI	REET / IF NE REET / Y · ST	T-ZIP ADDRESS		Ţ	·	Addition  Addition
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THEE NAME STREET ADDRESS CITY-SE-76* THEE NAME STREET ADDRESS CITY-SE-76*	MIAMI FL 33015		DELETE	3 3 STRI 3 4 CIT 4 1 TITL 4 2 NAM 4 3 STRI 4 4 CITY 5 1 TITL 5 2 NAM 5 3 STRI 5 4 CITY	REET / IN - ST IN E IN E I	T-ZIP  ADDRESS  1-ZIP  ADDRESS		1	Change	Addition
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THEE NAME STREEL ADDRESS CHY-SE-769 THEE NAME STREEL ADDRESS CHY-SE-719 THE NAME	MIAMI FL 33015		DELETE	3 3 STRI 3 4 CIT 4 1 TITL 4 2 NAM 4 3 STRI 5 1 TITL 5 2 NAM 5 3 STRI 5 4 CITY 6 1 TITL 6 2 NAM	REET / IV - SI LE	T-ZIP  ADDRESS  1-ZIP  ADDRESS  1-ZIP		1	Change	Addition
THEE NAME STREEL ADDRESS COY-SE-7-9 THEE NAME STREEL ADDRESS COY-SE-7-9 THEE	MIAMI FL 33015		DELETE	3 3 STRI 3 4 CIT 4 1 TITL 4 2 NAM 4 3 STRI 5 1 TITL 5 2 NAM 5 3 STRI 5 4 CITY 6 1 TITL 6 2 NAM	REET / IT - ST IE REET /	T-ZIP  ADDRESS  1-ZIP  ADDRESS  1-ZIP  ADDRESS		1	Change	Addition

information indicated on this armual 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 corporatory 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 changing, or on anyathich hent with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

1/7/97

<del>3</del>55<sup>-</sup>358-8839