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

PROFIT " CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S34417 **DOCUMENT #**

(3)

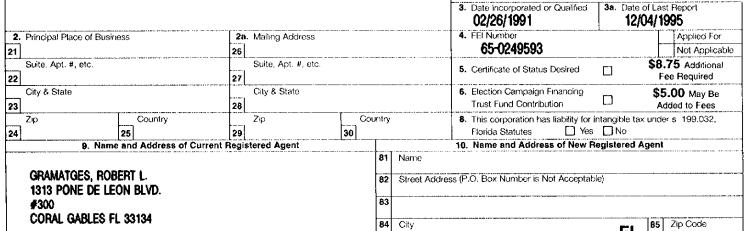
GRAPHICS AND PRINTING SERVICES INC.

Principal Pla	ace of	Business
7570 N.W.	B2ND	STREET

MIAMI FL 33166

Mailing Address

7570 N.W. 82ND STREET MIAMI FL 33166



							ļ
11. Pursuant to or registere familiar with	o the provisions of Sections 607.05/12 and 607.1508 ad agent, or both imphe State of Torida. Such a base h, and accept the obligations of, Section 607.6505, Fi	Florida Statules, the was authorized by lorida Statutes.	ne above named co y the corporation's l	rporation submits this statement for the purpose of board of directors. Thereby accept the appointmen	changing its	registered office d agent. I am	
SIGNATURE _	Signature, typod or printed harve of registered agent and title it applicable	(NOTE Re	g stered Agent signature re	equired when reinstabling) DAT	79/9	Ĺ	íc
12.	OFFICERS AND DIRECTORS	The state of the s	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12	2/95
TITLE	-	DELETE	1. 1 TITLE		Change	Addition	5
NAME	RAMIREZ, FABIO		1.2 NAME				8
STREET ADDRESS	7570 N.W. 82ND STREET		1.3 STREET ADDRESS				R2E034
CITY-ST-ZIP	MIAMI FL 33166		1.4 CHY-ST-ZIP				3
TITLE	D	DELETE	2 1 T-TLE		Change	Addition	Ö
NAME	GRAMATGES, ROBERTO		22 NAME				
STREET ADDRESS	7570 N.W. 82ND STREET		2 3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33166		24 CITY-ST-ZIP				
TITLE		DELETE	3 1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				İ
CHTY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE]] DELETE	4. 1 TITLE		Change	Addition	ļ
NAME			4.2 NAME				
STREET ACORESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5. 1 THTLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6 1 TITLE		Change	Addition	
NAME			6.2 NAME				ĺ
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 unnual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the releven 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 chapter in the same tright an addition. appears in Block 12 or Block 13 if char iment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytano Phone #