FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750.) Sep 12 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 DOCUMENT # S60492 (3) GALLERY PRINTING COMPANY Principal Place of Business Mailing Address 6790 SW 76TH TERRACE 6790 SW 76TH TERRACE 8 MIAMI FL 33143 S MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/17/1991 2. Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For 21 65-0269019 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD., SUITE 3000 **B**2 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 Fforida. 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, Fforida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE TITLE 1.1 TITLE CASSEL, BRADLEY W. NAME 1.2 NAME 6790 S.W. 76TH TERR STREET ADDRESS 1.3 STREET ADDRESS S. MIAMI FL 33143 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

vith an address.

CITY-ST-ZIP

STREET ADDRESS

14. I do hereby certify that the information supplied with this filing do s not information indicated on this annual priorit or authorized annual report I am an officer or director of the conformation or the receiver or flusted appears in Block 12 or Block 13 changes, of on an attachment with a

TITLE

NAME

loss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the hall report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(4/97

Addition

Addition

Addition*

Addition

Addition

Addition

Change