FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED						
Apr 28 1998 8:00am						
Secretary of State						

80x440.9/200

AMEHR	ICAN LABELS & GRAPHICS, INC.						
Principal Place	e of Business	Mailing Address			1 Judijaji jila 1844 etabi tidan Laidi piri Bidij d	JANIK DIDIL DIDIL BIRIT DEDIL LODI	
4016 DALZED CORAL GABL		4016 SALZEDO CORAL GABLES FL 3314	4R				
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/05/1991		
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21		26			65-0293255	Not Applicable	
Suite, Apt.	**************************************	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	Count	ıry	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No	
MAIL	9, Name and Address of Cur	rent Registered Agent	8	1 Name	10. Name and Address of New Registers	nd Agent	
	ldes, Lazaro R. 16 salzedo		L				
	DRAL GABLES FL 33146		8	2 Street Add	reet Address (P.O. Box Number is Not Acceptable)		
**	THE WHOLLO'S GOTTO		8	3			
			-	<u> </u>			
			8	1	F	85 Zip Code	
SIGNATURE	to the provisions of Sections 607.6 agistered agent, or both, in the Stam familiar with, and accept the ob- Signature, hyped or printed name of registered				poration submits this statement for the purpose alion's board of directors. I hereby accept the a directors when reinstating)		
12.		AND DIRECTORS	13.	Not a publication and an	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 TITLE			Change Addition	
NAME	VALDES, LAZARO R.		1.2 NAME	Ě			
STREET ADDRESS	4016 SALZEDO		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP TITLE	CORAL GABLES FL	T DELETE	1.4 CITY				
NAME		DELETE 2.1				☐ Change ☐ Addition	
STREET ADDRESS			2.2 NAME				
CITY-ST-ZIP			2.3 STREI 2. 4 CITY	ET ADDRESS	1		
THILE		DELETE 3.1				Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-		28.4.4	Obsers Addition	
NAME			5.1 IIILE 5.2 NAME			Change Addition	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 City-	1			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
officer or d	On this annual report of subbleme	ntal annual report is true and accu eceiver or trustee empowered to e trachment with an address.	urata and th	het mu einnatu	Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made unlined by Chapter 607, Florida Statutes; and that	undar aath, that I am an	

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