*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION
~~ANNUAL REPORT~~
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 19 [redacted] 8:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name: AUTOGRAPHIC INDUSTRIES INC.

DOCUMENT # V11126

Mailing Address: P.O. BOX 540884, Opa Locka, Fla 33054

Principal Place of Business: 1790 W 49th St#215, Hialeah, Fla 33012

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

3. Date Incorporated or Qualified: 5-1-92
3a. Date of Last Report:

4. FEI Number: 65-0309779 — 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Paul Borgerink
1790 West 49th Street #215
Hialeah, Fla 33012

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

hand mailed AR 1995 corp 1/19/95 [initials]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE [signature] DATE ______
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	President, Director	1 1 TITLE	
1 2 NAME	Paul Borgerink	1 2 NAME	
1 3 STREET ADDRESS	1790 West 49th St. #215, Hialeah	1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	Fla	1 4 CITY-ST-ZIP	FF $225.00
2 1 TITLE		2 1 TITLE	300001393133
2 2 NAME		2 2 NAME	-01/30/95--01067--003
2 3 STREET ADDRESS		2 3 STREET ADDRESS	****225.00 ****225.00
2 4 CITY-ST-ZIP		2 4 CITY-ST-ZIP	8/26/94 administrative diss
3 1 TITLE		3 1 TITLE	was due to a clerical error
3 2 NAME		3 2 NAME	on the part of this office.
3 3 STREET ADDRESS		3 3 STREET ADDRESS	Therefore, corp. was returned
3 4 CITY-ST-ZIP		3 4 CITY-ST-ZIP	to active status with the filing
4 1 TITLE		4 1 TITLE	of this AR & payment of FF
4 2 NAME		4 2 NAME	totaling $225
4 3 STREET ADDRESS		4 3 STREET ADDRESS	[initials] 1/19/95
4 4 CITY-ST-ZIP		4 4 CITY-ST-ZIP	
5 1 TITLE		5 1 TITLE	
5 2 NAME		5 2 NAME	
5 3 STREET ADDRESS		5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	[initials] 1/19/95
6 4 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 12-8-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #