FILED

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V49547**

1. Corporation Name

M & J GRAPHIC ARTS, INC.

Principal Place of Business	Mailing Address				
10304 SW 134TH CT MIAMI FL 33186 - 2867 US	10304 SW 134TH CT MIAMI FL 33186_ 2867 US :			DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 07/08/1992	S SPACE
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 10304 S.W. 134 COURT	26 S'AME			65-035 1962	Not Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MIAMI, FL	City & State 28 S AME	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33186~2867 [25] DADF CO.		Country 5 A	we-	This corporation owes the current year to Personal Property Tax.	¥Yes □No
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	d Agent
SARANDON, MICHAEL A. 10304 SOUTHWEST 134TH COURT MIAMI FL 33186 2867		81 82 83		ess (P.O. Box Number is Not Acceptable)	
		84	1	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607.0 office or registered short or both of the Stangent. I am lamina form, and accept the oblining Signature.	auder		e-named corporatio	MARL	of changing its registered pintment as registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE TITLE 1.1 TITLE 12 NAME SARANDON, MICHAEL A. NAME 10304 S.W. 134TH COURT 13 STREET ADDRESS STREET ADDRES MIAMI FL 33/86-2867 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE SARANDON, JOAN L. 2.2 NAME NAME 10304 S.W. 134TH COURT 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL-3-3186-286-1 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 am an officer or director of the corporation or the receiver 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 changes for on an appear of the corporation of the corpora

SARA NO SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)