**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 PM 10:15

DOCUMENT # V53339 (0)

1. Corporation Name

GRAPHIC GROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 320-D DIVISION AVENUE<br>ORMOND BEACH FL 32174 | 4-FERNERY TRAIL<br>ORMOND BCH. FL 32174<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1992
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21 310 DIVISION AVE.
Suite, Apt. #, etc. 22
City & State 23 ORMOND BEACH, FL.
Zip 24 32174 Country 25 USA

2a. Mailing Address
26 310 DIVISION AVE.
Suite, Apt. #, etc. 27
City & State 28 ORMOND BEACH, FL.
Zip 29 32174 Country 30 USA

4. FEI Number: 59-3137301 ☐ 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

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

9. Name and Address of Current Registered Agent

HOLLANDER, BRUCE L.
5555 HOLLYWOOD BLVD
SUITE 200
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name JACK R. WIEGAND
82 Street Address (P.O. Box Number is Not Acceptable) 4 FERNERY TRAIL
83
84 City ORMOND BEACH FL 85 Zip Code 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE [signature] JACK R WIEGAND 6-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PSD | 11 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | WIEGAND, JACK R | 12 NAME | JACK R. WIEGAND | |
| STREET ADDRESS | 320 D DIVISION AVE. | 13 STREET ADDRESS | 310 DIVISION AVE. | |
| CITY ST ZIP | ORMOND BECH FL 32174 | 14 CITY ST ZIP | ORMOND BEACH, FL. 32174 | |
| TITLE | | 21 TITLE | VICE PRESIDENT | ☐ Change ☒ Addition |
| NAME | | 22 NAME | DAVID P. WIEGAND | |
| STREET ADDRESS | | 23 STREET ADDRESS | 310 DIVISION AVE | |
| CITY ST ZIP | | 24 CITY ST ZIP | ORMOND BEACH, FL. 32174 | |
| TITLE | | 31 TITLE | SECRETARY/TREASURER | ☐ Change ☒ Addition |
| NAME | | 32 NAME | VIRGINIA M. WIEGAND | |
| STREET ADDRESS | | 33 STREET ADDRESS | 310 DIVISION AVE | |
| CITY ST ZIP | | 34 CITY ST ZIP | ORMOND BEACH, FL. 32174 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

CR2E034 (3/95)

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)(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 if Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] 6.7.95 904/672-1761
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK R. WIEGAND, PRESIDENT

0002014 CP

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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # V53377 (0)

1. Corporation Name
INTERFAMA TRADING CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~10912 SW 134TH PLACE~~<br>~~MIAMI FL 33186~~<br>~~US~~ | ~~10912 SW 134TH PLACE~~<br>~~MIAMI FL 33186~~<br>~~US~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 5425 N.W. 82ND AVENUE
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA
24 Zip: 33166 25 Country: USA

2a. Mailing Address
26 5425 N.W. 82ND AVENUE
27 Suite, Apt. #, etc.
28 City & State: MIAMI FLORIDA
29 Zip: 33166 30 Country: USA

4. FEI Number: 65-0348163 ☐ 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

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

9. Name and Address of Current Registered Agent

VASANO, MARCO A.
~~210 - 174TH ST.~~
~~SUITE 405~~
~~NORTH MIAMI BEACH FL 33160~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5425 N.W. 82ND AVENUE
83
84 City: MIAMI FLORIDA FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | VARSANO, MARCO A. | 12 NAME | |
| STREET ADDRESS | ~~210 - 174TH ST., #405~~ | 13 STREET ADDRESS | 5425 NW 82ND AVENUE |
| CITY-ST-ZIP | ~~NORTH MIAMI BEACH FL 33160~~ | 14 CITY ST ZIP | MIAMI FLORIDA, 33166 |
| TITLE | VT | 21 TITLE | ☐ Change ☐ Addition |
| NAME | VARSANO, MARIA DEFATIMA A | 22 NAME | |
| STREET ADDRESS | ~~210 - 174TH ST., #405~~ | 23 STREET ADDRESS | 5425 NW 82ND AVENUE |
| CITY-ST-ZIP | ~~NORTH MIAMI BEACH FL 33160~~ | 24 CITY ST ZIP | MIAMI FLORIDA, 33166 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-27-95 Date 547-8797 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCO A. VARSANO.

0202310 CP