## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (3)V58038 DOCUMENT # 1. Corporation Name GRAPHICS UNLIMITED, INCORPORATED Mailing Address Principal Place of Business 3123 W 72ND TERR 3123 W 72ND TERR HIALEAH FL 33016 HALEAH FL 33016 3a. Date of Last Report 3. Date incorporated or Qualified 08/11/1995 08/13/1992 Applied For 4. FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 65-0350386 P.O. Box 26 \$8.75 Additional 5. Certificate of Status Desired Suite Apt. #, etc. Suite, Apt. #, etc. Fee Required \$5.00 May Be 22 6. Election Campaign Financing Higleah Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Yes No Florida Statutes 29 25 Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 RUZ, ANA H. 3123 W 72ND TERR 83 HIALEAH FL 33016 Zip Code 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE SIGNATURE Signature, types or pended came of registric flaging another flasses also ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition 12. 1 1 TULE DELETE TITLE 1.2 NAME RUZ, ANA H NAME 1.3 STREFT ADDRESS 3123 W 72 TERR. STREET ADDRESS 1.4 City - ST-ZiP HIALEAH FL ■ Addition Change CITY - ST - ZIP 2 1 TiTLE DELFTE TITLE 2.2 NAME RUZ, HECTOR D NAME 2.3 STREET ADDRESS 3123 W 72 ST STREET ACCRESS 2.4 CITY - ST - ZIP Addition HIALEAH FL Change CITY-ST-ZIP DELE16 3 1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 34 Caty \$1-ZIP Addition Change CITY-S1-7IP DELETE 4.1 N.E. TITLE 4.2 NAME 4.3 STREET ACIDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Addition Change CiTY-ST-ZIP DELETE 5 1 TiTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CH Y - S1-7IP Change: Addition CITY-S1-ZIF DELE TE 6 1 TITLE

14. Ido 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 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 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 certify that it 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 changed, or on an attachment with an address.

6.2 NAME

6 3 STREET ADOPESS

SIGNATURE:

THILE

NAME

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND T

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