

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M25316** (4)

1. Corporation Name
NOVAGRAPHS CORP.



Principal Place of Business: **8119 NW 29TH ST MIAMI FL 33122 US**
Mailing Address: **8119 NW 29TH ST MIAMI FL 33122 US**

3. Date Incorporated or Qualified: **01/02/1986**
3a. Date of Last Report: **05/30/1995**
4. FEI Number: **59-2617261**
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

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

9. Name and Address of Current Registered Agent

**DECKERS, STEVEN
8119 NW 29TH ST.
MIAMI FL 33122**

10. Name and Address of New Registered Agent

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

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: STEVEN DECKERS
Signature, typed or printed name of registered agent and title if applicable.

Steven Deckers
(NOTE: Registered Agent signature required when not stating)

2/9/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PALACIOS, JUAN MANUEL	
STREET ADDRESS	CALLE 93 B #15-31	
CITY- ST- ZIP	BOGOTA CO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PALACIOS, DENISE	
STREET ADDRESS	CALLE 93 B #15-31	
CITY- ST- ZIP	BOGOTA CO	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PALACIOS, SONIA	
STREET ADDRESS	CALLE 93 B #15-31	
CITY- ST- ZIP	BOGOTA CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAMAYO, JUAN MANUEL	
STREET ADDRESS	CALLE 93 B #15-31	
CITY- ST- ZIP	BOGOTA CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DECKERS, STEVEN	
STREET ADDRESS	4809 S.W. 136 PLACE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME	
2. 3 STREET ADDRESS	
2. 4 CITY- ST- ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME	
3. 3 STREET ADDRESS	
3. 4 CITY- ST- ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME	
4. 3 STREET ADDRESS	
4. 4 CITY- ST- ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2 NAME	
5. 3 STREET ADDRESS	
5. 4 CITY- ST- ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2 NAME	
6. 3 STREET ADDRESS	
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 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 changed, or on an attachment with an address.

SIGNATURE: STEVEN DECKERS (VP) Steven Deckers 2/9/96 (305)5945775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)