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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33122-1051 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/02/1986	3a. Date of Last Report 04/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2617261	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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	
		85. Zip Code	FL

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 (VP) DATE: 4/28/97
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	PD PALACIOS, JUAN MANUEL	1.1 TITLE	P, D, S
NAME	PALACIOS, JUAN MANUEL	1.2 NAME	PALACIOS, JUAN MANUEL
STREET ADDRESS	CALLE 93 B #15-31	1.3 STREET ADDRESS	CALLE 93 B #15-31
CITY- ST- ZIP	BOGOTA CO	1.4 CITY- ST- ZIP	BOGOTA, COLOMBIA
TITLE	SD	2.1 TITLE	D
NAME	PALACIOS, DENISE	2.2 NAME	PALACIOS, DENISE
STREET ADDRESS	CALE 93 B #15-31	2.3 STREET ADDRESS	CALLE 93 B #15-31
CITY- ST- ZIP	BOGOTA CO	2.4 CITY- ST- ZIP	BOGOTA, COLOMBIA
TITLE	VT	3.1 TITLE	D
NAME	PALACIOS, SONIA	3.2 NAME	PALACIOS, SONIA
STREET ADDRESS	CALLE 93 B #15-31	3.3 STREET ADDRESS	CALLE 93 B #15-31
CITY- ST- ZIP	BOGOTA CO	3.4 CITY- ST- ZIP	BOGOTA, COLOMBIA
TITLE	D	4.1 TITLE	D
NAME	TAMAYO, JUAN MANUEL	4.2 NAME	TAMAYO, JUAN MANUEL
STREET ADDRESS	CALLE 93 B #15-31	4.3 STREET ADDRESS	CALLE 93 B #15-31
CITY- ST- ZIP	BOGOTA CO	4.4 CITY- ST- ZIP	BOGOTA, COLOMBIA
TITLE	V	5.1 TITLE	V, T
NAME	DECKERS, STEVEN	5.2 NAME	DECKERS, STEVEN
STREET ADDRESS	4809 S.W. 136 PLACE	5.3 STREET ADDRESS	4809 SW 136 PLACE
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	MIAMI FL 33175
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 changed, or on an attachment with an address

SIGNATURE: STEVEN DECKERS DATE: 4/28/97 (305) 594-5775
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)