

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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:
NOVAGRAPHICS 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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3. Date Incorporated or Qualified 01/02/1986	3a. Date of Last Report 04/12/1996
4. FEI Number 59-2617261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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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
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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: STEVE 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	
TITLE: PD NAME: PALACIOS, JUAN MANUEL STREET ADDRESS: CALLE 93 B #15-31 CITY-ST-ZIP: BOGOTA CO	<input type="checkbox"/> DELETE
TITLE: SD NAME: PALACIOS, DENISE STREET ADDRESS: CALE 93 B #15-31 CITY-ST-ZIP: BOGOTA CO	<input type="checkbox"/> DELETE
TITLE: VT NAME: PALACIOS, SONIA STREET ADDRESS: CALLE 93 B #15-31 CITY-ST-ZIP: BOGOTA CO	<input type="checkbox"/> DELETE
TITLE: D NAME: TAMAYO, JUAN MANUEL STREET ADDRESS: CALLE 93 B #15-31 CITY-ST-ZIP: BOGOTA CO	<input type="checkbox"/> DELETE
TITLE: V NAME: DECKERS, STEVEN STREET ADDRESS: 4809 S.W. 136 PLACE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P, D, S 1.2 NAME: PALACIOS, JUAN MANUEL 1.3 STREET ADDRESS: CALLE 93 B #15-31 1.4 CITY-ST-ZIP: BOGOTA, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: D 2.2 NAME: PALACIOS, DENISE 2.3 STREET ADDRESS: CALLE 93 B #15-31 2.4 CITY-ST-ZIP: BOGOTA, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: D 3.2 NAME: PALACIOS, SONIA 3.3 STREET ADDRESS: CALLE 93 B #15-31 3.4 CITY-ST-ZIP: BOGOTA, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: D 4.2 NAME: TAMAYO, JUAN MANUEL 4.3 STREET ADDRESS: CALLE 93 B #15-31 4.4 CITY-ST-ZIP: BOGOTA, COLOMBIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: V, T 5.2 NAME: DECKERS, STEVEN 5.3 STREET ADDRESS: 4809 SW 136 PLACE 5.4 CITY-ST-ZIP: MIAMI FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: STEVE DECKERS DATE: 4/28/97 (305) 594-5775
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)