

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M25316 (4)
 1. Corporation Name
NOVAGRAPHERS CORP.



Principal Place of Business 8119 NW 29TH ST MIAMI FL 33122 US	Mailing Address 8119 NW 29TH ST MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8119 NW 29th Street Suite, Apt. #, etc.		2a. Mailing Address 26 8119 NW 29 Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/02/1986	
22 City & State Miami, FL		27 City & State Miami, FL		4. FEI Number 59-2617261 Applied For Not Applicable	
23 Zip 33122 Country USA		28 Zip 33122 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 **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 (STEVEN DECKERS - VP)** DATE **4/8/98**
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	PDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, JUAN MANUEL	1.2 NAME	
STREET ADDRESS	CALLE 93 B #15-31	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA CO	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, DENISE	2.2 NAME	
STREET ADDRESS	CALE 93 B #15-31	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA CO	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, SONIA	3.2 NAME	
STREET ADDRESS	CALLE 93 B #15-31	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA CO	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, JUAN MANUEL	4.2 NAME	
STREET ADDRESS	CALLE 93 B #15-31	4.3 STREET ADDRESS	D TAMAYO, JUAN MANUEL
CITY-ST-ZIP	BOGOTA CO	4.4 CITY-ST-ZIP	CALLE 93B #15-31
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKERS, STEVEN	5.2 NAME	
STREET ADDRESS	4800 S.W. 136 PLACE	5.3 STREET ADDRESS	DECKERS, STEVEN
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	2995 NW 99 PLACE
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 (STEVEN DECKERS - VP)** DATE **4/8/98** 305 5145775
Signature and typed or printed name of signing officer or director. Date Daytime Phone # 0170493

CR2E034 (10/97)