

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90175 042 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M25316

1. Corporation Name
NOVAGRAPHICS CORP.



Principal Place of Business
 8119 NW 29 TH ST
 MIAMI FL 33122
 US

Mailing Address
 8119 NW 29 ST
 MIAMI FL 33122
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/02/1986

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 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 (STEVEN DECKERS - VP) 4/16/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------|---------------------------------|
| TITLE | PDS | <input type="checkbox"/> DELETE |
| NAME | PALACIOS, JUAN MANUEL | |
| STREET ADDRESS | CALLE 93 B #15-31 | |
| CITY-ST-ZIP | BOGOTA CO | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PALACIOS, DENISE | |
| STREET ADDRESS | CALE 93 B #15-31 | |
| CITY-ST-ZIP | BOGOTA CO | |
| TITLE | D | <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 93B 15-31 | |
| CITY-ST-ZIP | BOGOTA CO | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | DECKERS, STEVEN | |
| STREET ADDRESS | 2995 NW 99 PL | |
| 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 | | |
|---|--------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 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 | VT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | DECKERS, STEVEN | |
| 5.3 STREET ADDRESS | 3838 FALCON RIDGE CIRCLE | |
| 5.4 CITY-ST-ZIP | WESTON, FL 33331 | |
| 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 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, with all other like empowered.

SIGNATURE: STEVEN DECKERS (STEVEN DECKERS - VP) 4/16/99 (305)594-5775
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)