

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000039047 (3)
 1. Corporation Name
L. D. GRAPHICS OF FLORIDA, INC.



Principal Place of Business 4809 N ARMENIA AVENUE SUITE 104 TAMPA FL 33603	Mailing Address 4809 N ARMENIA AVENUE SUITE 104 TAMPA FL 33603
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16919 N. BAY RD Suite, Apt. #, etc. 22 #807 City & State 23 N. MIAMI BCH, FL Zip 24 33160 Country 25 USA		2a. Mailing Address 26 16919 N. BAY RD #807 Suite, Apt. #, etc. 27 N. MIAMI BCH, FL City & State 28 33160 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 05/24/1994	4. FEI Number 59-3247350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Fee Required \$8.75		May Be Added to Fees \$5.00				

9. Name and Address of Current Registered Agent
LEIDER, JAMES
47330W. WATERS AVE
APT 2032
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name JAMES LEIDER
82 Street Address (P.O. Box Number is Not Acceptable) 16919 N. BAY RD # 807
83
84 City N. MIAMI BCH. FL 85 Zip Code 33160

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE James Leider (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEIDER, JAMES		1.2 NAME LEIDER, JAMES	
STREET ADDRESS 4733 W. WATERS AVE APT 2032		1.3 STREET ADDRESS 16919 N. BAY RD # 807	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUART, MIREYA		2.2 NAME	
STREET ADDRESS CALLE DEL JAZMIN, OTA NANCY, LA TRINIDAD		2.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS, VENEZUELA		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOVERA, SANDRA		3.2 NAME	
STREET ADDRESS CALLE DEL JAZMIN, OTA NANCY, LA TRINIDAD		3.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS, VENEZUELA		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUART, SONIA		4.2 NAME	
STREET ADDRESS CALLE DEL JAZMIN, OTA. NANCY		4.3 STREET ADDRESS	
CITY-ST-ZIP LA TRINIDAD CA		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: James Leider **305-3547183**

CP2E034 (10/97)