

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90012 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P94000039047**

1. Corporation Name
L. D. GRAPHICS OF FLORIDA, INC.



Principal Place of Business	Mailing Address
16919 N BAY RD #807 N MIAMI BEACH FL 33160 US	16919 N BAY RD #807 SUITE 104 N MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 16919 N-BAY RD
22 City & State	27 # 807
23 Zip	28 N-MIAMI BCH, FL
24 Country	29 33160
25	30 USA

3. Date Incorporated or Qualified	Applied For
05/24/1994	Not Applicable
4. FEI Number	5. Certificate of Status Desired
59-3247350	<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 owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LEIDER, JAMES
 16919 N BAY RD., #807
 APT 2032
 N MIAMI BEACH FL 33160

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 _____ DATE _____
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LEIDER, JAMES	1.2 NAME	
STREET ADDRESS	16919 N BAY RD., #807	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DUART, MIREYA	2.2 NAME	
STREET ADDRESS	CALLE DEL JAZMIN, QTA NANCY, LA TRINIDAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V LOVERA, SANDRA	3.2 NAME	
STREET ADDRESS	CALLE DEL JAZMIN, QTA NANCY, LA TRINIDAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S DUART, SONIA	4.2 NAME	
STREET ADDRESS	CALLE DEL JAZMIN, QTA. 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 L. Leider DATE: July 14, 99 DAYTIME PHONE #: 305-9367826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

P94000039047

North Miami Beach, FL
July 14th , 1999

To: Florida Dept. of State
Division of Corporations
Annual Reports Filings

Dear Sirs:

By the present I'm sending the annual profit Corp. report in its second notice form because I did not receive the first one, because there is a problem in the mailing address. Please check the address and eliminate 'SUITE 104'

Please accept the second notice as the first one, our corporation had paid always on time and this is the first time we are late because we did not get it never. Please don't forget to check the mailing address

Yours truly

Sincerely

James Leider
James Leider

President

L.D. Graphics of Florida Inc.
16919 North Bay Road # 807
N. Miami Bch. FL 33160
tel. 305-9369826
305-6134732