Mar 01, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500043294

1. Corporation Name

GRAPHIC SYSTEMS INTERNATIONAL, INC.

Principal Place of Business Mailing Address						1 (00)(00) (10 )(0)(1) (1)(1) (1)(1) (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(		Mill dies (Ber
7374 NW 35 TERRACE MIAMI FL 33122		7374 NW 35TH TERRACE MIAMI FL 33122				DO NOT WRITE IN TH	IS SPACE	
US		US	J8			3. Date incorporated or Qualifed		
						06/02/1995		
2. Principal Pla	ace of Business	2a, Mailing Address				4. FEI Number	Apı	plied For
21		26				65-0593370	No	t Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				./	\$8.75 A	dditional
22		27				5. Certificate of Status Desired	· Fee Red	quired
City & State		City & State			_	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	_ Count	try		8. This corporation owes the current year		<b>-</b> 1
24	25	29 3	0			Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent	-	ат		10. Name and Address of New Registere	d Agent	
A II 163	C DUIZON DEDON			31 Nan	ne			
	C. RUIZCALDERON		82 Stre		et Addres	ss (P.O. Box Number is Not Acceptable)	-	_
	NW 35TH TERRACE							
MIAM	II FL 33122		18	33				
			8	34 City	,		85 Zip C	ode
			<u>_</u>			F	- : :	
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut	nonzed t	ov the co	ed corpor orporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	oi changing its ointment as rec	gistered
SIGNATURE		•						
	Signature, typed or printed name of registered agen			gent signati	ure required	when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.		_	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D DEPOS AND C	□ ocreie	1.1 TITL		Ì		c.i.a.i.ge	
NAME	RUIZCALDERON, NURY C		1.2 NAM					
STREET ADDRESS	514 SOUTHWEST 98TH PLACE			EET ADDRE	.55			
CITY-ST-ZIP	MIAMI FL 33174	☐ DELETE	1,4 CITY 2.1 TITL	-ST-ZIP	+-	<u> </u>	☐ Change	Addition
TITLE	D ACELERO CERMAN		2.1 IIIL					
NAME	ACEVEDO, GERMAN						8	į.
STREET ADDRESS	657 WOODGATE CIRCLE			EET ADDRE	:55			j
CITY-ST-ZIP	SUNRISE FL 33326		3.1 TITL	Y-ST-ZIP	+-		Change	Addition
TITLE	D TOLEDO JESUS B	الله الله الله الله الله الله الله الله	3.2 NAM			·	~-	_
NAME	TOLEDO, JESUS R 8741 SW 126 TERRACE		1	EET ADDRE	:00			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·							ŀ
CITY-ST-ZIP TITLE	MIAMI FL 33176	☐ DELETE	4.1 TITL	Y-ST-ZIP E	-		☐ Change	Addition
NAME			4. 2 NAM					]
				EET ADDRE	:00			ĺ
STREET ADDRESS			P	-ST-ZIP			•	-
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL			-	Change	☐ Addition
NAME		<u> </u>	5.2 NAM				-	
STREET ADDRESS			5.3 STR	EET ADDRE	SS			
CITY-ST-ZIP			1	- ST-ZIP				
TITLE		☐ DELETE	6.1 TITL		$\top$		Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STR	EET ADDRE	ess			ļ
CITY-ST-ZIP			6.4 C/TY	-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 per officer or director of the Block 12 or Block 35 if attachment with an address, with all other like empowered.

**SIGNATUR**