

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 <sup>\$300.00</sup>

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AND  
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99 NOV -9 PM 4: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION  
ANNUAL REPORT

1998-1999

DOCUMENT # P96000017001

1. Corporation Name

GRAPHIC EDGE INTERNATIONAL, INC.  
4150 N.W. 7th Street # 102  
Miami, Florida 33126

Principal Place of Business

Mailing Address

4150 N.W 7th Street # 102  
Miami, Florida 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

February, '96

2. Principal Place of Business

21 4150 N.W 7th Street

Suite, Apt. #, etc.

22 Ste. # 102

City & State

23 Miami, Florida

Zip

24 33126

25 Dade

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0660495 '96

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

RICHARD VIERA  
1401 S.W. 82nd Court  
Miami, Florida 33144

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

*Richard Viera*

*RICHARD VIERA*

11/07/99

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
RICHARD VIERA  
4150 N.W. 7th Street # 102  
MIAMI, FLORIDA 33126

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
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CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300003049123--4  
-11/19/99--01004--010  
\*\*\*\*308.75 \*\*\*\*308.75

*[Handwritten Signature]*

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 an office like empowered.

SIGNATURE:

*Richard Viera*

*RICHARD VIERA*

11/07/99

305-644-0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)