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FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000033012 (1)

1. Corporation Name  
TRIALGRAPHIX - NEW YORK, INC.



Principal Place of Business  
155 N.E. 40TH STREET  
MIAMI FL 33137

Mailing Address  
155 N.E. 40TH STREET  
MIAMI FL 33137-3511

3. Date Incorporated or Qualified  
04/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0659046

Applied For  
Not Applicable

21 Suite Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCER, MARC I  
1665 PALM BACH LAKES BLVD.  
SUITE 600  
W PALM BEACH FL

81 Name

David Stolberg

82 Street Address (P.O. Box Number is Not Acceptable)

155 NE 40th Street

83

84 City

Miami

FL

85 Zip Code

33137

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

*David Stolberg* CFO

4/30/97

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 D  DELETE  
NAME STOLBERG, STEVEN  
STREET ADDRESS 155 N.E. 40TH STREET  
CITY-ST-ZIP MIAMI FL 33137

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME STOLBERG, DAVID  
STREET ADDRESS 155 N.E. 40TH STREET  
CITY-ST-ZIP MIAMI FL 33137

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME COHEN, DOUGLAS  
STREET ADDRESS 155 N.E. 40TH STREET  
CITY-ST-ZIP MIAMI FL 33137

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 611 NW 182 WAY  
3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE D  DELETE  
NAME ADLER, MATTHEW  
STREET ADDRESS 155 N.E. 40TH STREET  
CITY-ST-ZIP MIAMI FL 33137

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS 620 NE 9th AVE #5  
4.4 CITY-ST-ZIP FT. LAUD. FL 33304

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

*David Stolberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

305-576-5400

Daytime Phone #

CR2E034 (9/96)