


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90155 029 \*\*\*150.00

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|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P96000033012**

1. Corporation Name  
**TRIAL.GRAPHIX - NEW YORK, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>216 E 45TH STREET<br>NEW YORK NY 10017<br>US | Mailing Address<br>155 N.E. 40TH STREET<br>MIAMI FL 33137 |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country 24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country 29 |
|--|---|

|   |   |  |
|---|---|--|
| 3. Date incorporated or Qualified<br>04/16/1996                                 | 4. FEI Number<br>65-0659046   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <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 Tax.     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**STOLBERG, DAVID**  
 155 NE 40TH ST.  
 MIAMI FL 33137

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | STOLBERG, STEVEN     |                                 |
| STREET ADDRESS | 155 N.E. 40TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33137       |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | STOLBERG, DAVID      |                                 |
| STREET ADDRESS | 155 N.E. 40TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33137       |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | COHEN, DOUGLAS       |                                 |
| STREET ADDRESS | 611 NW 182 WAY       |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL    |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | ADLER, MATTHEW       |                                 |
| STREET ADDRESS | 620 NE 9TH AVE. 35   |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL    |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | COHEN, DOUGLAS  |
| 3.3 STREET ADDRESS | 2485 Eagle Watch COURT  |
| 3.4 CITY-ST-ZIP    | WESTON FL 33327   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | ADLER, MATTHEW  |
| 4.3 STREET ADDRESS | 2401 NE 12th STREET   |
| 4.4 CITY-ST-ZIP    | FT. LAUDERDALE FL 33304   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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 registered agent 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 assignment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/26/99 DAYTIME PHONE #: 305/576-5400

CR2E034 (11/98)