

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S60633** (2)

1. Corporation Name
TRIALGRAPHIX, INC.



Principal Place of Business: **155 NE 40TH STREET MIAMI FL 33137 US**
Mailing Address: **155 E 40TH STREET MIAMI FL 33137 US**

3. Date Incorporated or Qualified: **06/13/1991**
3a. Date of Last Report: **03/24/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	155 NE 40th Street	65-0275197	Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Miami FL		
24. Zip	25. Country	29. Zip	30. Country
		33137	USA
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**STOLBERG, DAVID
3700 NE FIRST COURT
MIAMI FL 33137**

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: *[Signature]* CFO DATE: **4/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STOLBERG, STEVEN		1.2 NAME	
STREET ADDRESS: 3231 NORTH 36TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STOLBERG, DAVID		2.2 NAME	
STREET ADDRESS: 1561 N.W. 98TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP: PLANTATION FL		2.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COHEN, DOUGLAS A.		3.2 NAME	
STREET ADDRESS: 1423-D DRUID VALLEY DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: ATLANTA GA		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ADLER, MATTHEW		4.2 NAME	
STREET ADDRESS: 3500 WASHINGTON STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or first announced with an address.

SIGNATURE: *[Signature]* DATE: **4/22/96** PHONE: **305-576-5400**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. STOLBERG C.F.O.

CR2E034 (12/95)