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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000092470 (8)

LWG GRAPHICS, INC.

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the indicated on this armust report or supplemental annual reports and according to the corporation of the receiver or trustee empowered to exemple the corporation of the receiver or trustee empowered to exemple the corporation of the according to the corporation of the receiver or trustee empowered to exemple the corporation of the corporat

0						
Principal Place of Business		Mailing Address		[	,	
201 ALHAMBRA CIRCLE		201 ALHAMBRA CIRCLE				
SUITE 711		SUITE 711				
CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS	SPACE	
					<ol> <li>Date Incorporated or Qualified</li> <li>10/28/1997</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		05-0193189	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Cortificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	<del></del>		8. This corporation owes or has paid the ci	_ · _ ·
24	25 25 Name and Address of Curre		30		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
DA		bilt troglatered Agoin	81	Name	IV. Hame and Address of New Abgistered	ı Macıtı
	PPORT, STEPHEN R			1101110		
201 ALHAMBRA CIRCLE SUITE 711			62	Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83			
"	RAL GABLES FL 33134					
			84	City	Fi	85 Zip Code
11 Pursuant	to the provisions of Sections 607 Of	502 and 607 1508 Florida Statute	e the above	named corp		
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, typed or printed name of regestered a	(ICAN)	Blurisland Appr	t ronal ve teorie	ed when reinslating) DATE	
12.		ND DIRLCTORS	13.	a organical or region	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	GIL, LUIS		1.2 NAME			-
STREET ADDRESS 201 ALHAMBRA CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP				
TITLE		DELETE	2.1 TITLE			Change Addition
NAME		2.2				
STREET ADDRESS	RESS		2.3 STREET A	ADDRESS		
CITY-ST-ZIP			2 4 CHY-S1	I - ZiP		
TITLE	DELETE		31 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	NDDRESS		
CITY-ST-ZIP			3.4. CITY - S1	- 7IP		
TITLE		DELFTE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 City - St	- ZIP		
TITLE	DELETE		5.1 1/1Lf			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A	IDDRESS		
CITY-ST-ZIP			5.4 CITY- ST	- ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	ODRESS		

r the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

04-08-40