

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092470

1. Corporation Name

LWG GRAPHICS, INC.

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

04-29-1999 90150 018 ***158.75



Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/28/1997

4. FEI Number

65-0793784

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

2. Principal Place of Business

21 555 E. 25 St

2a. Mailing Address

26 555 E 25 St

Suite, Apt. #, etc.

22 # 111

Suite, Apt. #, etc.

27 # 111

City & State

23 Halland FL

City & State

28 Halland FL

Zip

24 33013

Country

25 USA

Zip

29 33013

Country

30 USA

9. Name and Address of Current Registered Agent

~~RAPPORT, STEPHEN R.~~
~~201 ALHAMBRA CIRCLE~~
~~SUITE 711~~
~~CORAL GABLES FL 33134~~

81 Name

LOIS GIL

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

1201 N.W. 154 Ave

83

84 City

Pembroke Pine

FL

85 Zip Code

33028

11. Pursuant to the provisions of Sections 607.0501 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

Luis Gil
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GIL, LUIS
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE GIL LOIS ☒ Change ☐ Addition
1.2 NAME 1201 N.W. 154 Ave
1.3 STREET ADDRESS Pembroke Pine FL 33028
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0197869