

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

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90008 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F93000001630

1. Corporation Name
WORLD GRAPHICS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1878 N UNIVERSITY DRIVE
 PLANTATION FL 33322
 US**

Mailing Address
**C/O KAHN & GUTTER
 PO BOX 6244
 FT LAUDERDALE FL 33310
 US**

3. Date Incorporated or Qualified
04/02/1993

2. Principal Place of Business
500 W. CYPRESS CK RD

2a. Mailing Address
500 W. CYPRESS CK RD

4. FEI Number
05-0447687

Applied For
 Not Applicable

Suite, Apt. #, etc.
430

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
FT. LAUDERDALE

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
FL 33309

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 **FL** 25 **33309** 29 **FL** 30 **33309**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAHN, ROBERT M ESQ.
 C/O KAHN & GUTTER
 PAINE WEBBER PLAZA, 8211 W BROWARD BLVD
 PLANTATION FL 33324**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE AMORIM PACHECO, ANTONIO M	1.2 NAME	
STREET ADDRESS	ALAMEDA ARGENTINA 832, ALPHAVILLE 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARUER, SAO PAULO, BRAZIL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, HELENE D	2.2 NAME	
STREET ADDRESS	ALAMEDA ARGENTINA 832, ALPHAVILLE 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARUER, SAO PAULO, BRAZIL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS-CLARK, JANICE	3.2 NAME	S VANDENHURK, JANICE
STREET ADDRESS	1760 SW 6 AVE	3.3 STREET ADDRESS	9160 W. BAY HARBOR DR. #3
CITY-ST-ZIP	POMOPANO BEACH FL	3.4 CITY-ST-ZIP	BAY HARBOR ISL. FL 33309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Janice Vandenhurk* 5/24/99 (954) 938-2080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)