

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-27-1999 90008 015 ***150.00

DOCUMENT # F93000001630

1. Corporation Name

WORLD GRAPHICS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1993

4. FEI Number

05-0447687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 500 W. CYPRESS CK RD

26 500 W. CYPRESS CK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 430

27 430

City & State

23 FT. LAUDERDALE

City & State

28 FT. LAUDERDALE

Zip

Country

24 FL 25 33309

Zip

Country

29 FL 30 33309

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME DE AMORIM PACHECO, ANTONIO M
STREET ADDRESS ALAMEDA ARGENTINA 832, ALPHAVILLE 2
CITY-ST-ZIP BARUER, SAO PAULO, BRAZIL

TITLE V ☐ DELETE

NAME DOMINGUEZ, HELENE D
STREET ADDRESS ALAMEDA ARGENTINA 832, ALPHAVILLE 2
CITY-ST-ZIP BARUER, SAO PAULO, BRAZIL

TITLE S ☐ DELETE

NAME HAWKINS-CLARK, JANICE
STREET ADDRESS 1760 SW 6 AVE
CITY-ST-ZIP POMOPANO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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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 #

5/24/99 (954) 938-2080

CR2E034 (11/98)