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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G55599

(6)

FILED Feb 11 1998 8:00am Secretary of State

1. Corporation GRAPH		ECTION OF MI		(O)							
Principal Place of Business Mailing Address								-\			
# JOSEPH M GAROFOLO							DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified			··
								08/01/1983			
2. Principal F	Place of Busin	ness		2a. Mailing Address				4. FEI Number		A	pplied For
21 Sulta Ant	# ata		26	Suite, Apt. #, etc.			59-2319271			ot Applicable	
Sulte, Apt. #, etc.				27			5. Certificate of Status Desired			Additional equired	
City & Stat	te -		2/	City & State			6. Election Campaign Financing				
23			28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip				Zip Country				8. This corporation owes or has paid the current year Intangible			
24			29	30] No	
		and Address of Curi	ent Regis	tered Agent				10. Name and Address of New Reg	istered /	gent	
	ROFOLO,				61	1	Name				
1		9TH STREET					Street Addre	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33176											
					83						
						ı	City		FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 607.0	502 and 60	07.1508, Florida Statul	les, the abov	/ 0 -I	named corpo	pration submits this statement for the pu	rpose of	changing i	ts registered
office or r agent. I a	re gister ed ag ım fam iliar wi	ent, or both, in the Sta th, and accept the obl	ite of Floric igations of	la. Such change was , Section 607.05 <mark>05, F</mark> i	authorized b orida Statute	y t s.	the corporatio	oration submits this statement for the puon's board of directors. I hereby accept	the appo	ointment as	registered
SIGNATURE											
12.	Signature, typed	or printed name of registered			E: Registered Ag	ent	t signature required		DATE	DIDEATOR	20.41.40
TITLE	DPS	OFFICERS A	ND DIREC	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICE	HS AND	Change	Addition
NAME		OLO, JOSEPH M.			1.2 NAME		ı			L Unallyc	L AUGINON
STREET ADDRESS		W. 104TH STREET			1.3 STREET	τ ΔΓ	DORESS				
CITY-ST-ZIP	MIAMI F				1.4 CiTY - S						
TITLE	T			DELETE	2.1 TITLE		-			Change	Addition
NAME	GAROF	OLO, JOSEPH M.			2.2 NAME		1			-	
STREET ADDRESS		W. 104TH STREET			2.3 STREET	I AE	DORESS				
CITY-ST-ZIP	MIAMI F	L 33156			2. 4 GITY-	<u>S1</u> -	- ZIP				
TITLE	 			DELETE	3.1 TITLE				•	Change	Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	AĽ	DDRESS				
CITY-ST-ZIP			. <u>.</u>	Devere	3.4. CITY-1	ST-	- ZIP			٦	
TITLE				☐ DELETÉ	4.1 TITLE					Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET						
CITY-ST-ZIP TITLE		<u> </u>		DELETE	4.4 CITY - S 5.1 TITLE	11-7	ZIP'		1	Change	Addition
NAME				hand wheels	5.2 NAME				,	orangu	- Addition
STREET ADDRESS					5.3 STREET	ΑD	DDRESS				
CITY-ST-ZIP					5.5 STREET		- I				
TITLE				☐ DELETE	6.1 THTLE					Change	☐ Addition
NAME					6.2 NAME					•	
STREET ADDRESS					6.3 STREET	ΑD	DORESS				
CITY-ST-ZIP					6.4 CITY - S		l l				i

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 eath; 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 chapter, or on an attachment with a laddress.

SIGNATURE:

Tortolo

2/7/98