

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morihari  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G71806** (5)

1. Corporation Name  
**EUROPEAN GRAPHICS, INC.**



Principal Place of Business: **3740 PARK CENTRAL NORTH POMPANO BCH FL 33064 US**  
Mailing Address: **3740 PARK CENTRAL NORTH POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified <b>11/17/1983</b>	3a. Date of Last Report <b>04/03/1995</b>
4. FEI Number <b>59-2374749</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

**MARTINEZ, DANIEL  
3211 NE 40TH COURT  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_

Signature of the principal officer or director of the corporation

Signature of the Agent, Secretary or Treasurer

Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, DANIEL</b>	
STREET ADDRESS	<b>3211 NE 40TH COURT</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>MENDEZ, RUBEN</b>	
STREET ADDRESS	<b>3740 PARK CENTRAL NORTH</b>	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 from an attachment with an address.

SIGNATURE: \_\_\_\_\_

Signature and Printed Name of Signer, Officer or Director

03-12-96 (95) 971604  
Date

CR2E034 (12/95)