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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

3337 NW 74 AVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

R.E.J. GRAPHIC CORP.

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



3337 NW 74 AVE MIAMI FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/18/1988 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 65-0063879 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζiρ Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JIMENEZ, RAFAEL E. 13227 SW 43 LANE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33122 83 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.

SIGNATIONE	Signature, typed or printed name of registered agent and title it applicable,	(NOTE, Registered Agent signature)	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OELETE	1.1 TITLE	Change Addition
NAME	JIMENEZ, RAFAEL E.	1.2 NAME	
STREET ADDRESS	13227 SW 43 LANE	1.3 STREET ADDRESS	
CITY - ST- ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DT DELETE	2.1 TITLE	Change Addition
NAME	JIMENEZ, MAGALY	2.2 NAME	
STREET ADDRESS	13227 SW 43 LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2, 4 CITY-ST-ZIP	
TITLE	DS DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JIMENEZ, ELIZABETH	3.2 NAME	
STREET ADDRESS	13227 S.W. 43 LANE	3,3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3,4, CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	S.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		S.4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITS/ CT 710		DA CITY - CT - ZID	

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 changed, or on an attachment with an address.

SIGNATURE: