## 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 #

K45145

(5)

EXPOGRAFIX, INC.

Principal Place of Business 2640 W 84TH STREET

Mailing Address 2640 W 84TH STREET

## **FILED** Apr 03 1998 8:00am Secretary of State



HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2202 WEST 78TH STREET 2202 WEST 78TH STREET 65-0100910 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FLORIDA HIALEAH FLORIDA HIALEAH П Trust Fund Contribution Added to Fees 26 Country Zip 8. This corporation owes or has paid the current year Intangible 24 33016 33016 U.S.A 25 U.S.A. 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LINARES, JOSE R. 280 NORTH WEST 123RD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 84 City Zip Code 85

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 11 TITLE Addition TITLE LINARES, JOSE R. NAME 1.2 NAME 280 NORTH WEST 123RD AVENUE STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LINARES, CRISTINA NAME 2.2 NAME 280 NORTH WEST 123RD AVENUE STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE LINARES, JOSE R. NAME 3.2 NAME 280 NORTH WEST 123RD AVENUE STREET ADDRESS 3.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thoreby 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 suppliemental 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 efficient 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 exactiment with an address.

1600 557-1151