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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

K63932

(3)

Principal Place of Business	Mailing Address
8181 N.W. 14TH STREET SUITE 200	8181 N.W. 14TH STREET SUITE 200
MIAMI FL 33126	MIAMI FL 33126

**FILED** May 01 1998 8:00am Secretary of State

PRO COLOR GRAPHICS INTERNATIONAL, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1989 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2930207 Not Applicable 26 Suite, Apt. #, etc. Sulte, 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 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intengible 24 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOGEL, JULES M 8181 N.W 14TH STREET β2 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **MIAMI FL 33126** 84 City 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, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE FOGEL. JULES M 1.2 NAME NAME 8181 N.W 14TH STREET SUITE 200 STREET ADORESS 1.3 STREET ADDRESS **MIAMI FL 33126** CITY-ST-7IP 1.4 CITY - ST - ZIP Addition DELETE Change TITLE 21 TITLE NUNEZ, RENE NAME 2.2 NAME 8181 N.W. 14TH STREET SUITE 200 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33126 2.4 CITY-ST-ZIP CITY-ST-ZIP DELFIE Addition TITLE 3 1 TITLE Change FOGEL, MARCIA NAME 32 NAME 8181 N.W. 14TH STREET SUITE 200 STREET ADDRESS 3 3 STREET ADDRESS **MIAMI FL 33126** CITY - ST - ZIP 3.4. CITY - ST- ZIP ☐ DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 frue 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 of 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 a state of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the re

SIGNATURE:

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