SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K64822** **(5)**

1. Corporation Name
GRAPHINFO, INC.

Principal Place of Business	Mailing Address
C/O ROBERT A. BRANDT 3191 CORAL WAY. S628 MIAMI FL 33145 US	C/O ROBERT A. BRANDT 3191 CORAL WAY. S628 MIAMI FL 33145 US

3. Date Incorporated or Qualified: 02/08/1989
3a. Date of Last Report: 06/23/1995

2. Principal Place of Business	2a. Mailing Address
21 407 Lincoln Road	26 407 Lincoln Road
Suite, Apt. #, etc. 22 Suite 10 E	Suite, Apt. #, etc. 27 Suite 10 E
City & State 23 Miami-Beach FL	City & State 28 Miami-Beach FL
Zip 24 33139	Country 25 Dade
Zip 29 33139	Country 30 Dade

4. FEI Number: 65-0111448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRANDT, ROBERT A.
3191 CORAL WAY, SUITE 900
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: Marie-Noelle GOUDEMANT C/o GRAPHINFO INC
82 Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road
83 suit 10 E
84 City: Miami Beach FL 85 Zip Code: 33139

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 _____ DATE _____
Signature, type or print the name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GOUDEMANT, MARIE-NOELLE		1.2 NAME		
STREET ADDRESS	3191 CORAL WAY		1.3 STREET ADDRESS	407 Lincoln Road	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Suite 10E Miami FL 33139	
TITLE	DVT	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SAMSON, ANDRE		2.2 NAME		
STREET ADDRESS	3191 CORAL WAY		2.3 STREET ADDRESS	407 Lincoln Road	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Suite 10E Miami FL 33139	
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOURROUX, FRANCOIS		3.2 NAME		
STREET ADDRESS	3191 CORAL WAY		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	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MN GOUDEMANT - President 7/19/1996 (305)6738184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number

000134 CR