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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64822

(5)

GRAPHINFO, INC.

FILED
Apr 04 1997 8:00am
Secretary of State

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Principal Place	e of Business	Mai	Mailing Address						,					
407 LINCOLN R	OAD		407 LINCOLN ROAD					1						
SUITE 10E			'E 10E VII BEACH FL 33139:	2016										
MIAMI BEACH F	L 33139	US	MI DENOU LE SSISSA	3010				3 Dat	te Incorporated or Qualified	Sa D	ate of Las	st Rep	ort	
03		•										5/1996		
2 Principal Pla	ace of Business	2a.	Mailing Address						Number			Appli	ed For	
21		26	<u> </u>						5-0111448			Not A	Applicable	
Suite, Apt 4	# etc		Suite, Apt. #, etc.					CO 75 Addition						
22		27	•					5. Cei	rtificate of Status Desired			Requ		
City & State			City & State					A Fie	ction Campaign Financing		\$5.0	00 м	av Be	
23			28					1 3	st Fund Contribution			ed to		
Zip	Country		Z _I p Cou			,		8. Thi	s corporation has liability fo	r intangibi	e tax unde	er s. 1	99.032	
24 25			29 30					Fiorida Statutes X Yes No						
L 1	g. Name and Address of Curre		ered Agent		<u> </u>			10. Na	me and Address of New F	tegistered	Agent			
GOL	DEMANT, MARIE-NOELLE				81	N	ame				.*		ļ	
	LINCOLN ROAD				92	0,	root Addr	roce /P ()	Box Number is Not Accept	ahla)	····			
	E 10E		82 Street Ac				i eet Addri	1685 (F.O.	DOX MUNDER IS HOL Accept	able)				
	AI BEACH FL 33139				83	1								
MICH	AL DEACHT L 00 103					L.								
					84	C	ity			FI	65	Zip Co	oe	
44 Purcuant t	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Stati	utes the a	bove	e-na	med corp	poration su	ibmits this statement for the	Ournose	of changir	ng its r	egistered	
affice or re	existered agent or both in the State	e of Florida	a. Such change was	s authorize	od by	v the	corporat	tion's boar	d of directors. I hereby acc	ept the ap	pointment	t as re	gistered	
agent. Lar	m familiar with, and accept the oblig	gations of,	Section 607.0505, F	-iorida Sia	iules	Ş.								
SIGNATURE.,	Signature, typed or punted name of registered ac	and and head	applicable (NC	TF: Register	ad Ana	ant sic	nnati ne reduk	ired when reins	slaton)	DATE				
12,	OFFICERS AN	.,,,,,		13.					OITIONS/CHANGES TO OFF	ICERS AN	ID DIRECT	TORS	IN 12	
THILE	DP		DELETE	1.1 1	ITLE						Chan	ige	Addition	
NAME	GOUDEMANT, MARIE-NOELLE	E		1.21	AME									
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CITY-ST-ZIP	MIAMI FL			- 1	R-YTK									
TITLE	DVT		DELETE	211							Char	ige	Addition	
NAME	SAMSON, ANDRE			221	LAME									
STREET ADDRESS	407 LINCOLN ROAD #10E			235	THEET	Y ADD	RESS	•						
CITY-S1-ZIP	MIAMI FL			1	CITY-1		l l							
TOLE	Print Mails 2 Am		DELETE	3.11		J. (E)	<u>" - </u>				Char	ige	Addition	
NAME			<u> </u>	· ·	IAME		1							
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				•	NAME							-		
NAME CANCEL ADDRESSE					STAEET		DESC							
STREET ADDRESS				- 1			1							
CITY-ST-ZIP			DELETE		CITY-S	31-2	*				Chai	noe	Addition	
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NAME					NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
STREET ADDRESS					STREET									
CITY - ST - ZIP	by certify that the information suppli	ored sarials. et-	in filing does not a	6.4 ality for th	CITY-S	SI-ZI	tion states	d in Sentis	on 119 07/3\(i) Florida Stati	ites I furth	ner certify	that th	е	
i 14.4 Edo bereb	ny cemiy taal tae intormation subbit	ea with th	is niina aves not au	anny ior (fil	o oxt	omb	III SIBIU	コロココ つせいけん	πι τιο.υτιυχή, πισπααιοιαπ					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. Further certify that 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, or on an attachment with an address.

SIGNATURE:X

ONATURE AND TYPEO ON PRINTED NAME OF SIGNING OFFICER OR DIRE

Inside u - 3/26/97 (305)6738184