

<b>DOCUMENT # M17214</b>			
<b>1. Entity Name</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASTRAL-GRAPHICS, INC.</div>			
<b>Principal Place of Business</b> 7794 NW 64TH STREET MIAMI FL 33166 US		<b>Mailing Address</b> 7794 NW 64TH STREET MIAMI FL 33166-2705 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>BOO, ARGENTINO</b> <b>2050 KEYSTONE BLVD.</b> <b>N. MIAMI FL 33181</b>			<b>Name</b>
			<b>Street Address</b>
			<b>City</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or register</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete	<b>12.</b>
<b>NAME</b>	<b>BOO, ARGENTINO</b>		<b>TITLE</b>
<b>STREET ADDRESS</b>	<b>2050 KEYSTONE BLVD.</b>		<b>NAME</b>
<b>CITY-ST-ZIP</b>	<b>N. MIAMI FL</b>		<b>STREET ADDRESS</b>
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>	<b>ASENJO, PABLO</b>		<b>TITLE</b>
<b>STREET ADDRESS</b>	<b>2050 KEYSTONE BLVD.</b>		<b>NAME</b>
<b>CITY-ST-ZIP</b>	<b>N. MIAMI FL</b>		<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<b>NAME</b>			<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>

03-15-2000 90112 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>59-2567758</b>		Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>		
<b>BOO, ARGENTINO</b> <b>2050 KEYSTONE BLVD.</b> <b>N. MIAMI FL 33181</b>				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City	<b>FL</b>	Zip Code
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BOO, ARGENTINO</b>		NAME			
STREET ADDRESS	<b>2050 KEYSTONE BLVD.</b>		STREET ADDRESS			
CITY-ST-ZIP	<b>N. MIAMI FL</b>		CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ASENJO, PABLO</b>		NAME			
STREET ADDRESS	<b>2050 KEYSTONE BLVD.</b>		STREET ADDRESS			
CITY-ST-ZIP	<b>N. MIAMI FL</b>		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
<b>13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>						
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		 <b>3-12-00</b>		<b>305-594-44</b> <small>Daytime Phone #</small>		