FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 9:00

DOCUMENT # **M25316** **(4)**

1. Corporation Name
NOVAGRAPHICS CORP.

Principal Place of Business	Mailing Address
8119 NW 26TH ST. MIAMI FL 33122	8119 NW 26TH ST. MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/02/1986**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business
21: 8119 N.W. 29th Street
22: Suite, Apt. #, etc.
23: MIAMI, FLORIDA
24: 33122 Zip
25: Country

2a. Mailing Address
26: 8119 N.W. 29th Street
27: Suite, Apt. #, etc.
28: MIAMI, FLORIDA
29: 33122 Zip
30: Country

4. FEI Number: **59-2617261** ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DECKERS, STEVEN
8119 NW 29TH ST.
MIAMI FL 33122

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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: STEVE DECKERS — Steven Deckers — 5/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	PALACIOS, JUAN HANVEL	12 NAME	PALACIOS, JUAN MANUEL	
STREET ADDRESS	CALLE 93 B #15-31	13 STREET ADDRESS	CALLE 93 B # 15-31	
CITY-ST-ZIP	BOGOTA CO	14 CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	PALACIOS, DENISE	22 NAME		
STREET ADDRESS	CALE 93 B #15-31	23 STREET ADDRESS		
CITY-ST-ZIP	BOGOTA CO	24 CITY-ST-ZIP		
TITLE	VT	31 TITLE		☐ Change ☐ Addition
NAME	PALACIOS, SONIA	32 NAME		
STREET ADDRESS	CALLE 93 B #15-31	33 STREET ADDRESS		
CITY-ST-ZIP	BOGOTA CO	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	TAMAYO, JUAN MANUEL	42 NAME		
STREET ADDRESS	CALLE 93 B #15-31	43 STREET ADDRESS		
CITY-ST-ZIP	BOGOTA CO	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	DECKERS, STEVEN	52 NAME		
STREET ADDRESS	4809 S.W. 136 PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	~~V~~	61 TITLE		☐ Change ☐ Addition
NAME	~~DECKERS, STEVEN~~	62 NAME		
STREET ADDRESS	~~13561 SW 178 ST.~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	64 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVE DECKERS (VP) Steven Deckers 5/22/95 (305) 814 5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427080 FP