


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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M32976 (6) 1. Corporation Name GRAPHICS MARKET OF MIAMI, INC.					
Principal Place of Business C/O EDWARD LOCASCIO 420 S. DIXIE HWY., #2K CORAL GABLES FL 33146			Mailing Address C/O EDWARD LOCASCIO 420 S. DIXIE HWY., #2K CORAL GABLES FL 33146		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/02/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2706275	
24 Country		29 Country		30 Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
LOCASCIO, EDWARD 420 S. DIXIE HIGHWAY #2K CORAL GABLES FL 33146				X \$8.75 Additional Fee Required	
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.				6. Election Campaign Financing Trust Fund Contribution	
SIGNATURE				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Signature, typed or printed name of registered agent and title if applicable.				X Yes <input type="checkbox"/> No	
(NOTE: Registered Agent signature required when reinstating)				10. Name and Address of New Registered Agent	
DATE				81 Name	
12. OFFICERS AND DIRECTORS				82 Street Address (P.O. Box Number is Not Acceptable)	
1.1 TITLE				83	
1.2 NAME				84 City	
1.3 STREET ADDRESS				FL 85 Zip Code	
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

14. 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 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: [Signature] FEE REQUIRED

01/01/98 305-373-2500

CR2E034 (10/97)