

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000070719

1. Entity Name
VAP GRAPHIC CORP

FILED

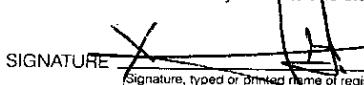
02 NOV 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12101 SW 114th Place Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33176	Country	Zip	Country		
DO NOT WRITE IN THIS SPACE 10-25-02 01109 008 \$150.00					
4. FEI Number 65-1132402 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For	Not Applicable
Applied For					
Not Applicable					
7. Name and Address of Current Registered Agent Name ANDRES R. VARGAS Street Address (P.O. Box Number is Not Acceptable) 12101 SW 114th Place City Miami FL Zip Code 33176					

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.

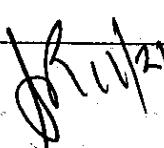
SIGNATURE 

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

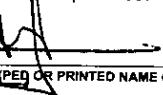
DATE 11-12-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		January 1- May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDRES R. VARGAS 12101 SW 114th Place Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALFONSO DURAN 12101 SW 114th Place Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02 305-235-6113

Date

Daytime Phone #

Division of Corporations
PO Box 1500
Tallahassee, Florida
32302-1500

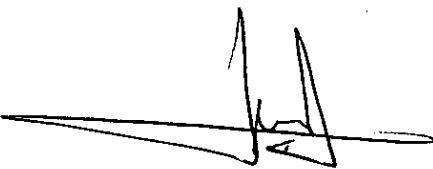
COCP.
Re: V A P Graphics, Inc.
#P0100070719

October 22, 2002

To Whom It May Concern,

My accountant noticed that we never received our annual report. He downloaded a blank form for us. Please accept this form with the required \$ 150.00 instead of the \$ 550.00 rate for late filers.

Thank you,


Andres Vargas, President