May 03, 1999 8:00 am Secretary of State

05-03-1999 90003 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000013039 1. Corporation Name

SHARP PENCILS: INC

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Principal Place	of Business	Mailing Address		1 100 1100 1 10 10 10 11 00 11	11000 11111 101110 11111 1111 1111
3134 CORAL W	AY	3134 CORAL WAY	•		
STE B	× •	STE B		DO NOT WRITE IN TH	IS SPACE
MIAMI FL 33145	•	MIAMI FL 33145		3. Date Incorporated or Qualifed	
US		US			-
		2m Blo Ton Addings		12/17/1992 4. FEI Number	Applied For
·	ace of Business	2a. Mailing Address			Not Applicable
21	Ш -40	26		65-0375888	\$8.75 Additional
Suite, Apt.		27	_	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
— ´	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible /
24	25	29 30	1	Personal Property Tax.	`∐ Yes XNo
	9. Name and Address of Curren			10. Name and Address of New Registere	ed Agent
	1		81 Name		
valdivia, george			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
2719 SW 22ND AVE.			July Street Addit		
MAN	MI FL 33133		83		
			84 City		85 Zip Code
ı				<u>F</u>	L ' _
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. Thereby accept the appointment as registered agent, and accept the obligations of Section 607.0505. Florida Statutes.					
SIGNATURE	^ <i>[/</i> <i>[</i> 1 1 1 1 1 1 1 1 1	lem		4-2	8-99
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agent signature required		
12.	. OFFICERS AN		13,	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PT · :	☐ DELETE	l ă	ice tresicle at a	
NAME	VALDIVIA, GEORGE		1.2 NAME	souds Althing	ζ i
STREET ADDRESS	2719 S.W. 22ND AVE.		1.3 STREET ADDRESS	134 coral way 1321	المجا
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP	MAMIL SOI	thange Addition
TITLE .	VPS	☐ DELETE	2.1 TITLE	esiden Eda da	-
NAME	SCHWARTZ-VALDIVIA, ILYSE B	•	2.2 NAME	syst B. Januaria	-VALDIVA-
STREET ADDRESS	2719 SW 22ND AVENUE		2.3 STREET ADDRESS 3	134 Coral Way 3	
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP	1, Am, 7 (331)	Change Addition
TITLE		. DELETE	3.1 TITLE	•	` Cutande □ Vocutou
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Citalings (1) Admitted
NAME		į	4. 2 NAME		
STREET ADDRESS		!	4.3 STREET ADDRESS		
CITY-ST-ZIP		[] per exe	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		. Custalde Diverginal
NAME			5.2 NAME		, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS		•	5.3 STREET ADDRESS		
A 717	1		- / / OT 7/O		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		. Change D Addition
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		. Change Addition

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, 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 feceiver or trustee empowered to execute this peoply as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like appropriety. City-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-26?

SIGNATURE:

NAME

STREET ADDRESS