03-09-1999 90099 023 \*\*\*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 # P93000010891

CNI GRAPHICS USA, INC.

Principal Place of Business Mailing Address		Mailing Address			1 100 HOUR IN 1010 IN 10 HOUR BONN BONN BONN	1	*101 1101 1001
10614 ALICO PASS		10614 ALICO PASS	10614 ALICO PASS				
1211			NEW PORT RICHEY FL 34655		DO NOT MIDITE IN THE	SDACE	
US US		us	US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					02/03/1993		
		2a. Mailing Address			4. FEI Number	Anr	olied For
<u> </u>		— <sup>™</sup>	. Mailing Address		59-3188228	<u> </u>	Applicable
		Suite Ant # etc	Suite, Apt. #, etc.		33 0 100220	\$8.75 A	
¬ '		<u> </u>			5. Certifcate of Status Desired	Fee Rec	
		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip Country		Zip			8. This corporation owes the current year Ir	ıtangible	
24	25	29 3	0		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
KLIMIS, GEORGE N			81	Name			
30 N RING AVE SUITE 400			82	Street .	Address (P.O. Box Number is Not Acceptable)		
TARPON SPRINGS FL 34689		83				-	
			84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					<u> </u>		<del></del>
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	pations of, Section 607.0505, Florid	la Statutes		oration's board of directors. I hereby accept the appropriate of the a		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE 1.1 T			VP	☐ Change	<b>⊠</b> Addition
NAME	HELBER, RUTH M		1.2 NAME		NERVY LUTIAGUE		
STREET ADDRESS	10614 ALICO PASS		1.3 STREET	ADDRESS	10614 ACT 20 1 1733		•
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-S	T-ZIP	NEW PORTRICHEY FL	☐ Change	Addition
TITLE	D	<b>⊠</b> DELETE .	2.1 TITLE		VP	Change	Addition
NAME	11.104 0.11.		2.2 NAME		JOSEPH CHU		a >
STREET ADDRESS			2.3 STREE	TADDRESS	49-SI WONG CHUCK HA	De You	קי
CITY-ST-ZIP	133A191 RU	Societe	2.4 CITY-S	ST-ZIP	HONG KONG SAR	<b>™</b> Change	Addition
TITLE	<b>VP</b> -?	<b>⊠</b> DELETE	3.1 TITLE		PRESIDENT	KI citaliãe	☐ ¥00µ0µ
NAME	MARKUS, HELBER		3.2 NAME		MARKUS HELRER 10614 ALICO PASS		
STREET ADDRESS				FADDRESS	10614 ALICO PASS	T-1	
CITY-ST-ZIP	NEW PORT RICHEY FL	C of the	3.4. CITY-S	ST-ZIP	NEW PORT RICHEY	☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			C cuanda	
NAMÉ				TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		C DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP		☐ Change	Addition
TITLE		☐ DELETE	0.1 HILE				

CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

NAME

STREET ADDRESS

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP