

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P94000012029 (2)**

1. Corporation Name

MULTIMEDIA GRAPHICS, INC.



Principal Place of Business

~~4706 W FLAGLER ST
MIAMI FL 33134
US~~

Mailing Address

~~4706 W FLAGLER ST
MIAMI FL 33134
US~~

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **4355 SW 75 ave.**
Suite, Apt. #, etc.

26 **same**
Suite, Apt. #, etc.

4. FEI Number
65-0497583

Applied For
Not Applicable

22 City & State

27 City & State

23 **MIAMI, FL.**

28 City & State

24 **33155**
Zip

25 **USA**
Country

29 Zip
Country

30

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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PINO, RAUL F
2448 CORAL WAY
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name **Carlos Duque**
82 Street Address (P.O. Box Number is Not Acceptable) **12390 SW 190 street 1**
83
84 City **miami** FL 85 Zip Code **33177**

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

Carlos B. Duque President

Carlos B. Duque

4/30/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUQUE, JOSE	<i>Delete.</i>
STREET ADDRESS	4351 S.W. 1ST ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	DUQUE, PEDRO	<i>Delete.</i>
STREET ADDRESS	4351 S.W. 1ST ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DUQUE, CARLOS	<i>New. PD and only agent.</i>
STREET ADDRESS	4351 S.W. 1ST ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Carlos Duque PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	12390 SW 190 street	<i>Delete.</i>
13 STREET ADDRESS	miami, FL 33177	
14 CITY-ST-ZIP	miami, FL 33177	
21 TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Pedro Duque	<i>Delete</i>
23 STREET ADDRESS	12390 SW 190 Terrace	
24 CITY-ST-ZIP	miami, FL 33186	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Carlos Duque	
33 STREET ADDRESS	12390 SW 190 street	
34 CITY-ST-ZIP	miami, FL 33177	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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: *Carlos B. Duque - Carlos B. Duque*

4-30/96 (305)2670720

CR2E034 (12/95)