

4-23-98 B- 5544 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017835 (7)
1. Corporation Name
ORA INTERNATIONAL GRAFIX, INC.

Principal Place of Business 1059 SW 30TH AVE DEERFIELD BCH FL 33442 US	Mailing Address 1059 SW 30TH AVE DEERFIELD BCH FL 33442 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1911 N.W. 40th Court Suite, Apt. #, etc. 22 City & State 23 Broward Beach, FL Zip 24 33064 Country 25 U.S.A.		2a. Mailing Address 26 1911 N.W. 40th Court Suite, Apt. #, etc. 27 City & State 28 Broward Beach, FL Zip 29 33064 Country 30 USA		3. Date Incorporated or Qualified 03/07/1994	4. FEI Number 65-0472634 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

PERETZ, ANDREW E
1 EAST BROWARD BLVD
SUITE 620
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	SECRETARY/TREASURER
NAME	MALKA, EDWARD	1.2 NAME	MALKA, EDWARD
STREET ADDRESS	2030 S. OCEAN DR., #1925	1.3 STREET ADDRESS	2030 S. OCEAN DR., #1925
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE		2.1 TITLE	PRESIDENT
NAME		2.2 NAME	ALBERT S. MALKA
STREET ADDRESS		2.3 STREET ADDRESS	8617 N.W. 49th Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 partner 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 in the agreement with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

04/16/98

954-971-1126

CR2E034 (10/97)