

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P94000035248 (1)

1. Corporation Name

EXQUISITE GRAPHIC DESIGN, INC.



Principal Place of Business

5 MATADOR LANE
DAVIE FL 33324
US

Mailing Address

P.O. BOX 848638
PEMBROKE PINES FL 33084-0638
US

2. Principal Place of Business

21 5 MATADOR LANE

Suite, Apt. #, etc.

22 DAVIE FL.

City & State

23 33324

Zip

Country

24 USA

2a. Mailing Address

26 P.O. BOX 848638

Suite, Apt. #, etc.

27

City & State

28 PEMBROKE PINES FL.

Zip

Country

29 33324 30 USA

3. Date Incorporated or Qualified

05/05/1994

3a. Date of Last Report

04/17/1996

4. FEI Number

65-0552322

Applied For

Not Applicable

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

HERNANDEZ, RUBEN
5 MATADOR LANE
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name

RUBEN HERNANDEZ

82

Street Address (P.O. Box Number is Not Acceptable)

5 MATADOR LANE

83

84

City

DAVIE

FL

85

Zip Code

33324

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

Ruben Hernandez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

VSD
NAME
HERNANDEZ, YVETTE
STREET ADDRESS
P.O. BOX 848638 N/A
CITY-ST-ZIP
PEMBROKE PINES FL 33084

TITLE ☐ DELETE

PTD
NAME
HERNANDEZ, RUBEN
STREET ADDRESS
P.O. BOX 848638 N/A
CITY-ST-ZIP
PEMBROKE PINES FL 33084

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Ruben Hernandez

4/30/97

CR2E034 (9/96)