FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000076237 (3)

1. Corporation Name

GRAPHITARGET CO. INC.

Principal Place of Business	Mailing Address
801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162	801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified	10/05/1995
3a. Date of Last Report	
4. FEI Number	59-3377285 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 15910 ELLSWORTH DR	26 15910 ELLSWORTH DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State TAMPA, FL	28 City & State TAMPA, FL
24 Zip 33647 25 Country USA	29 Zip 33647 30 Country USA

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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

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] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 5-6-1996

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LA ROSA, GIACOMO SR.	
STREET ADDRESS	C/O GRAFIBOX SUD, VIA QUARTO NEGRONI, 60	
CITY-ST-ZIP	00040 ARICCIA, ROME, ITALY	
TITLE	D	☐ DELETE
NAME	LA ROSA, NICOLA	
STREET ADDRESS	VIA DEI LAGHI, KM.8.600, MARINO	
CITY-ST-ZIP	00047 ARICCIA, ROME, ITALY	
TITLE	D	☐ DELETE
NAME	LA ROSA, GIACOMO	
STREET ADDRESS	VIA DEI LAGHI, KM.8.600, MARINO	
CITY-ST-ZIP	00047 ARICCIA, ROME, ITALY	
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	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	00040 ARICCIA (ROME) ITALY	
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	VIA DEI LAGHI KM 8,600	
2.4 CITY-ST-ZIP	00047 MARINO (ROME) ITALY	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	VIA DEI LAGHI KM 8,600	
3.4 CITY-ST-ZIP	00047 MARINO (ROME) ITALY	
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 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-6-1996 Daytime Phone # (813) 971-5459

CR2E034 (12/95)