

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

FILED

Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000085890 (8)

1. Corporation Name  
DIGITAL GRAPHICS EXPRESS, INC.



Principal Place of Business  
8800 E DIXIE HIGHWAY #12  
MIAMI FL 33138

Mailing Address  
8800 E DIXIE HIGHWAY #12  
MIAMI FL 33138-3650

3. Date Incorporated or Qualified  
11/08/1995

3a. Date of Last Report  
08/07/1996

2. Principal Place of Business  
21 3440 NE 192 ST  
Suite, Apt. #, etc.  
22 3-F

2a. Mailing Address  
26 3440 NE 192 ST  
Suite, Apt. #, etc.  
27 3-F

4. FEI Number  
65-0618218

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 Aventura, FL

City & State  
28 Aventura, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip  
24 33180 25 USA

Zip  
29 33180 30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------------------|---|--|
| TITLE                      | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HA, TRUNG J                          | 1.2 NAME  |  |
| STREET ADDRESS             | 8800 E DIXIE HIGHWAY #12             | 1.3 STREET ADDRESS                                    | 3440 NE 192 ST #3-F  |
| CITY-ST-ZIP                | MIAMI FL 33138                       | 1.4 CITY-ST-ZIP                                       | Aventura FL 33180  |
| TITLE                      | <input type="checkbox"/> DELETE      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 2.2 NAME  |  |
| STREET ADDRESS             |                                      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 3.2 NAME  |  |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 4.2 NAME  |  |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 5.2 NAME  |  |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 6.2 NAME  |  |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/97 305-935-5389

Date Daytime Phone #

0100045

CR2E034 (9/96)