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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P96000 TON GRAPHIX SERVICES, IN			I IKANIBU NO MINA SUM SEMI ERIK ABIM KOM KAM	IS 11 400 Mini 1 400 1 linn 1 40 0
Principal Place	e of Business	Mailing Address		1 14811421 144 15112 21111 65114 25114 25114 35154 144	ii iiban iiii) idami iidi (ba)
200 8 BISCAY	NE BLVD	200 S BISCAYNE BLVD			
STE #2710 MIAMI FL 33131		STE #2710 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
			···	02/06/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0634420	Not Applicable \$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State	······································	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	_ · _ ·
24	9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
60	BEL, PETER N	nogistorea regoin	. 81 Name	10. Hame and Address of Hote Hogisterso	Water
	60 SW 103RD CT.		001-00-01-01	700 6- 11	
MAMI FL 33176			82 Street Add	ress (P.O. Box Number Is Not Acceptable)	
			83		
			84 City		85 Zip Code
<u> </u>				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 his id audicable (MC)	TE Registered Agent signature requ	red when reinstating) DATE	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOBEL, PETER N		1.2 NAME		ĺ
STREET ADDRESS	10360 SW 103RD CT.		1.3 STREET ADDRESS		ļ
CITY-\$1-ZIP	MIAMI FL 33176	- December	1.4 CITY-ST-ZIP		- Albai
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	RUIZ, MARCO 1132 SE 7TH COURT, #302		2.2 NAME		ì
STREET ADDRESS	DANIA FL		2.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE	DANIATE	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		J
STREET ADDRESS			4.3 STREET ADDRESS		Í
CITY-ST-Z#P		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ percit	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ĺ
STREET ADDRESS			. 6.3 STREET ADDRESS		ļ
A 171 . 10 310			A 4 AVEN		

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 the receiver or trustee employeered 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 information.

SIGNATURE:

FILED

May 05 1998 8:00am

Secretary of State

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