

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90155 029 ***150.00

DOCUMENT # P96000033012

1. Corporation Name
TRIAL GRAPHIX - NEW YORK, INC.



Principal Place of Business
216 E 45TH STREET
NEW YORK NY 10017
US

Mailing Address
155 N.E. 40TH STREET
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0659046

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

STOLBERG, DAVID
155 NE 40TH ST.
MIAMI FL 33137

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

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 D ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
STOLBERG, STEVEN
155 N.E. 40TH STREET
MIAMI FL 33137

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
STOLBERG, DAVID
155 N.E. 40TH STREET
MIAMI FL 33137

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
COHEN, DOUGLAS
611 NW 182 WAY
PEMBROKE PINES FL

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
ADLER, MATTHEW
620 NE 9TH AVE. 35
FT. LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 registered agent 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 acknowledgment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

305/576-5400

CR2E034 (11/98)

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