

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  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90031 020 \*\*\*150.00

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DOCUMENT # P96000046915

1. Corporation Name  
ART & GRAPHX DESIGN, INC.



Principal Place of Business  
5901 NW 151ST #100  
SUITE 100  
MIAMI LAKES FL 33014  
6043 NW 167 ST. UNIT A-10  
MIAMI, FL 33015

Mailing Address  
5901 NW 151ST #100  
SUITE 100  
MIAMI LAKES FL 33014  
6043 NW 167 ST  
UNIT A-10  
MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6043 NW 167 ST. Suite, Apt. #, etc. 22 SUITE A-10 City & State 23 MIAMI FL Zip 24 33015	2a. Mailing Address 26 6043 NW 167 ST. Suite, Apt. #, etc. 27 SUITE A-10 City & State 28 MIAMI FL Zip 29 33015	3. Date Incorporated or Qualified 06/03/1996	4. FEI Number 65-0669025	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.  
ONE FINANCIAL PLAZA, 206  
1110 BRICKELL AVENUE  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 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	P CIMETTA, KENNETH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18251 SW 52 COURT	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33331	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPST RODRIGUEZ, ROY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	924 TYLER STREET	2.2 NAME	
STREET ADDRESS	HOLLYWOOD FL 33019	2.3 STREET ADDRESS	1034 N. NORTHLAKE DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood, FL 33019
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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99  
Date

305-572-8000  
Daytime Phone #

CR2E034 (11/98)