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

PROFIT CORPORATION ANNUAL REPORT

1998

officer or director of the corpor Block 12 or Block 13 if change



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088579 (3)

GRAF & MARC MARKETING & DESIGN CORP.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



4/28/98 1305) 826/664

6175 NW 153RD ST., STE. 209 6175 NW 153RD ST., STE. 209 MIAMI FL 33014 MIAM! FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 Not Applicable 65-0729445 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Country Country $Z_{(p)}$ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARCH, ALBERTO 6175 N.W. 153 ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 209 83 MIAMI LAKES FL 33014 84 City 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 repetered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 THILE MARCH, ALBERTO 1.2 NAME NAME 6175 NW 153RD ST., STE. 209 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33014 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition **PVST** 217/11/ TITLE NAME March, Alberto 22 NAME 6175 NW 153RD ST., STE. 209 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33014 CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 1071 F NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 of 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 acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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