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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P96000088579

1. Corporation Name

GRAF & MARC MARKETING & DESIGN CORP.

Prir	ncipal	Place	of B	usine	SS

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

6175 NW 153RD ST., STE, 209 MIAMI FL 33014

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23 Zìp 24

6175 NW 153RD ST., STE. 209 MIAM! FL 33014

FILED Jul 07, 1999 8:00 am

Secretary of State

07-07-1999 90012 035 ***550.00

DO NOT WRITE IN THIS SPACE								
3. Date Incorporated or Qualifed 10/28/1996								
4. FEI Number		Applied For						
65-0729445		Not Applicable						
5. Certifcate of Status Desired		\$8.75 Additional Fee Required						
 6. Election Campaign Financing		\$5.00 May Be						

	Country		Zip	Cou	intry=====	8	This corporation owes the current	year Intangible
	25	29	•	30	-	i	Personal Property Tax.	☐ Yes
O Na	me and Address of Current E	Zegi:	stered Agent			10.	Name and Address of New Regi	stered Agent

MARCH, ALBERTO 6175 N.W. 153 ST. SUITE 209 MIAMI LAKES FL 33014

81	Name	_	٠	
82	Street Address (P.O. Box Number is Not Acceptable)			
83		_		
84	City	EI.	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.

agent. i a	in familiar with, and accept the congenione of economics							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Reg	jistered Agent signature r	equired when reinstation	ng)	DATE		— <u> </u>
12.	OFFICERS AND DIRECTORS		13.	ADDIT	TIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	MARCH, ALBERTO		1.2 NAME					
STREET ADDRESS	6175 NW 153RD ST., STE. 209		1.3 STREET ADDRESS	İ				
CITY-ST-ZIP	MIAMI FL 33014		1.4 CiTY-ST-ZiP					
IUTE	PVST	DELETE	2.1 TITLE	نو بد			☐ Change	☐ Addition
NAME	MARCH, ALBERTO		2.2 NAME		-			
STREET ADDRESS	6175 NW 153RD ST., STE. 209 .		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33014		2. 4 CITY-ST-ZIP		**			
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME	·		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS]				
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		3		☐ Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS	geographic cycle or production is		4.3 STREET ADDRESS	1				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME	Į.				`
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE	ĺ			☐ Change	Addition
NAME			6.2 NAME)				
STREET ADDRESS			6.3 STREET ADDRESS					
	1			I				

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 suppliemental 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #