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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001269 (4)

CLASSIC - GRAPHIC DESIGN, INC.

Principal Place of Business Mailing Address 18000 NW 68TH AVE 18000 NW 68TH AVE MIAMI LAKES FL 33015 MIAMI LAKES FL 33015 DO NOT WRITE IN THIS SPACE ШS US 3. Date Incorporated or Qualified 12/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For. 65-0715492 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & Stato City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zф Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Namo RODRIGUEZ, MIGUEL J 4801 & UNIVERSITY DR 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 302-W 83 DAVIE FL 33328 84 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 tide if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition RICAURTE, ANA M NAME MF 18000 NW 68TH AVE #301 STREET ADDRESS HEET ADDRESS MIAMI LAKES FL CITY-ST-ZIP DELETE Change Addition TITLE 2 STREET ADDRESS REE1 ADDRESS CITY-ST-ZIP ITY - ST - ZIP DELETE TITLE 31 ☐ Change Addition NAME **3.2 NAME** STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. C(1) Y - ST - Z(P) Change DELETE ■ Addition 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TO LE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 trusted 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.

FILED Apr 21 1998 8:00am Secretary of State

