

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

07-15-1999 90006 011 ***150
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 97000013118

1. Corporation Name

Southern Color Graphics, Inc.

Principal Place of Business

Mailing Address

19593 NE 10 Ave., Bldg. 4, Bay A+B
Miami, Fla. 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-10-97

2. Principal Place of Business

2a. Mailing Address

21 19593 NE 10 AVE

26 19593 NE 10 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bldg 4, Bay A+B

27 Bldg 4, Bay A+B

City & State

City & State

23 Miami, FLA

28 Miami, Fla

Zip

Country

Zip

Country

24 33179 25 Dade

29 33179 30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Howard Allen Cohen
1946 Tyler Street
Hollywood, Fla. 33020

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	President	<input type="checkbox"/> DELETE
NAME	Julia A. Robison	
STREET ADDRESS	5591 SW 63rd. Place	
CITY-ST-ZIP	OKla City, OK. 73159	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Richard Brioso	
STREET ADDRESS	19593 NE 10 Ave., Bldg. 4, Bay A	
CITY-ST-ZIP	Miami, Fla. 33179	
TITLE	Sec./Treas.	<input type="checkbox"/> DELETE
NAME	Cassandra Esquivel	
STREET ADDRESS	19593 NE 10 Ave., Bldg. 4, Bay A	
CITY-ST-ZIP	Miami, Fla. 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME	
6.3 STREET ADDRESS	
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: Cassandra Esquivel 2/1/1999 305-140-0101