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

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90036 032 ***150.00

1. Corporation	MENT# \mathfrak{\mathfrak{MENT}} \mathfrak{\mathfrak{MENT}}	00000	75070			
5.	ergrafic Corp	Interna	ational			
Principal Plac	ce of Business	Mailing Address	·			
		133155		DO NOT WRITE IN THI	S SPACE	
11	i Ami, F	(35100	V	3. Date Incorporated or Qualifed	3 SI ACE	
	_			3/3/97		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		olied For
1 2877 5.W 69C/ 26 28775.4			169CT	65.0740116		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & Sta	to	City & State		C. Clastica Campaign Financing		
13 m	iAmi, FI	28 MiAm	() 干 (6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
zip 4 331	55 25 U.SA	Zip 29 3 3 15 5 3	Country 1.5A	This corporation owes the current year In Personal Property Tax.	ntangible Yes	No
	9. Name and Address of Current			10. Name and Address of New Registered		
Cri	Stina Ceval	llos	81 Name			
9890 S.W 628+			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
			83			
miami, =/ 33/73			84 City	F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named corp	oration submits this statement for the purpose of	f changing its r	egistered
office or i agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligatio	Florida, Such change was auth ins of, Section 607.0505, Florid	norized by the corporation a Statutes.	on's board of directors. I hereby accept the appo	Intment as reg	stered
SIGNATURE	* Citi	164		4/	30/99	2
40	Signature, typed or printed name of registered agent a		egistered Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	2S IN 12
12. Title	President	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	Cristina Ce		1.2 NAME			
STREET ADDRESS		ST	1.3 STREET ADDRESS			-
CITY-ST-ZIP	miami Fi	33143	1.4 CITY-ST-ZIP			1
TITLE	V 3	□ DELETE	2.1 TITLE		Change	☐ Addition
NAME	Alfredo Cas	4r0 -	2.2 NAME			
STREET ADDRESS	28775W6	9CT	2.3 STREET ADDRESS			
CITY-ST-ZIP	miami +1	33155	2, 4 CITY-ST-ZIP			}
TITLE		☐ DELETE	31 TITLE			Addition
NAME					Change	
			3.2 NAME		∐ Change	
					∐ Change	
STREET ADDRESS			3.2 NAME		Change	
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	Addition .
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE 6.2 NAME		☐ Change	Addition .
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition .

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: O STGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/30/99 305-265-1468

CR2E034 (11/98)