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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000066217 (5)

LITIGRAPHICS, INC.

Principal Place of Business

Mailing Address

FILED
May 01 1998 8:00am
Secretary of State



42198

18500 NORTHEAST 5TH AVENUE MIAMI FL 33179		18500 NORTHEAST 5TH MIAMI FL 33179	AVENUE	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				07/31/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired \$8.7	5 Additional
22		27		Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.0	00 May Be
23		28	l'''	Trust Fund Contribution Adde	ed to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year	
24	9 Name and Address of Currer	29	30]	Personal Property Tax due June 30. Yes 10, Name and Address of New Registered Agent	No.
9. Name and Address of Current Registered Agent			81 Name		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Address (P.O. Box Number is Not Acceptable) 83		
			83		
			84 City	Hellywood FL 85 Z	ip 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 opligations of Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or printed flame of registered agent and title (Lapit cable (NOTE: Registered Agent signature required when re-installing) DATE DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE	☐ Chang	ge Addition
NAME	PLOTKIN, BERNARD		1.2 NAME		
STREET ADDRESS	18500 NORTHEAST 5TH AVE	ENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY+ST-ZIP		
TITLE	VSTD	DELETE	2.1 TITLE	☐ Chang	e
NAME	STEVENS, HOWARD		2.2 NAME		
STREET ADDRESS	18500 NORTHEAST 5TH AVE	ENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	Chang	ge L.J Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY-ST-ZIP			3,4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Chang	je ∐ Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP	Chano	e Addition
NAME			5.1 TITLE	Chang	E MOGILION
			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Chang	e Addition
NAME			6.2 NAME	LJ Chang	- LI MOUNTON
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP					Ì
14. I hereby ce	ertify that the information supplied w	ith this filing does not qualify fo	■ 6.4 City-St-ZiP ir the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that t	the information
Indicated of officer or d	on this annual report or supplementa	I annual report is true and acci eiver or trustee empowered to a	urate and that my sign	ature shall have the same legal effect as if made under eath; required by Chapter 607, Florida Statutes; and that my name	that I am an