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May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078922 (6)

1. Corporation Name
A & S FALCON GRAPHICS, CORP.

Principal Place of Business	Mailing Address
4303 (B) N.W. 7TH STREET SUITE 7 MIAMI FL 33126	4303 (B) N.W. 7TH STREET SUITE 7 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1997

2. Principal Place of Business	2a. Mailing Address
21 7072 S.W. 21 STREET	26 7072 S.W 21 STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33155 Country 25 USA	Zip 29 33155 Country 30 USA

4. FEI Number: 65-0781712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

OJEDA, ALFONSO
4303 (B) N.W. 7TH STREET
SUITE 7
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: OJEDA, ALFONSO
82 Street Address (P.O. Box Number is Not Acceptable): 7072 S W 21 STREET
83
84 City: MIAMI **FL** 85 Zip Code: 33155

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: A Ojeda DATE: 4-21-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	OJEDA, ALFONSO		1.2 NAME	OJEDA, ALFONSO	
STREET ADDRESS	4303 (B) N.W. 7TH STREET		1.3 STREET ADDRESS	7072 S.W. 21 STREET	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	OJEDA, SANDRA		2.2 NAME	OJEDA, SANDRA	
STREET ADDRESS	4303 (B) N.W. 7TH STREET		2.3 STREET ADDRESS	7072 S.W. 21 STREET	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	MIAMI FL 33155	
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		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: A Ojeda PRESIDENT DATE: 4-21-98 (305) 267-7019