## P98000014395

Secretary of State Att: Thompton

800003320198——1 -07/12/00--01001--003 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Graph to Graphics, Dic. 2000 Annual report

Enclosed in the year 2000 Annual Report and check for \$150.00 pursuant to our conversation due to the move from my home and the relocation of my affice, I winderstand the late (see) filing frenalty, has seen waved. Also exclosed is a form to change register agent and whech for \$35.00 which may not be required, if not please return.

Thank you

Lute Janepe

SEGRETARY OF STATE OF STATE OF COSPORATIONS

R.A. Charge LFJ 7-11-2000

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: V X Raph to X Raphics
2. The mailing address of the corporation is: 1 1657 NE 35th Afreet
Fort Lauderdale, at 33334
3. Date of incorporation/qualification: February Document number: P980000
1. The name and address of the current registered agent and office:
Jerome Schechter
Ft Causansple
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Ivette Principe 3
1657 NE35SH
315 SE 7 ST  Ft law DeNAL  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  Livette Principe  1657 NE 355+  Ft law DevDALE FL33 334
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Trette Principe PresiDent
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lam-familiar with and accept the obligation of my position as
(Signature of Registered Agent)  (Date)
(Signature of Registered Agent) (Date)
signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
PR2E045(7/97)
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