

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

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90039 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000016222

1. Corporation Name  
DIE-GRAPHICS, INC.

Principal Place of Business  
4792 SW 72 AVE  
MIAMI FL 33155

Mailing Address  
4792 SW 72 AVE  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/19/1998

4. FEI Number  
65-0814408

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 8201 NW 64 Street  
Suite, Apt. #, etc.  
22 Bay 8  
City & State  
23 Miami FL  
Zip  
24 33166 Country  
25 USA

2a. Mailing Address  
26 8201 NW 64 Street  
Suite, Apt. #, etc.  
27 Bay 8  
City & State  
28 Miami FL  
Zip  
29 33166 Country  
30 USA

9. Name and Address of Current Registered Agent

ELGUEA, MARA  
4792 SW 72 AVE  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name  
Pedro Garcia  
82 Street Address (P.O. Box Number is Not Acceptable)  
8201 NW 64 Street  
83 Bay 8  
84 City  
Miami FL 85 Zip Code  
33166

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, 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]*  
Signature, typed or printed name of registered agent and title if applicable.

Pedro Garcia

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/99

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ELGUEA, MARA  
4845 SW 92 AVE  
MIAMI FL 33165

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GARCIA, PEDRO  
142 E 15 ST.  
PATERSON NJ 07524

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99  
Date

305-718-3900  
Daytime Phone #

0225407

CR2E034 (11/98)