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Secretary of State

04-20-1999 90267 039 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000029413

1. Corporation Name
GRAPHIX MIAMI, INC.

Principal Place of Business
 8288 NW 64TH ST.
 MIAMI FL 33166

Mailing Address
 8288 NW 64TH ST.
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

65-0839861

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 the current year Intangible Personal Property Tax.

☐ Yes☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROSADO, MANUEL
 8288 NW 64TH ST.
 MIAMI FL 33166

81 Name

BERTHA ROSADO

82 Street Address (P.O. Box Number is Not Acceptable)

8288 NW 64TH ST

83

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, 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

Bertha Rosado
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-99

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPD
HOBERMAN, PABLO
CALLAO 852,PISO 1-A
MIAMI FL 33166

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVP
ROSADO, BERTA
8288 NW 64TH ST.
MIAMI FL 33166

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DST
TIERRADENTRO, IRMA
8288 NW 64TH ST.
MIAMI FL 33166

☐ 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:

Irma Tierradentro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

(305) 476111

Office Phone #

CR2E034 (1/98)