

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90270 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000065334**

1. Corporation Name

PERFORMA GRAPHIC DESIGN, INC.



Principal Place of Business 10282 BOCA ENTRADA BLVD SUITE 322 BOCA RATON FL 33428	Mailing Address 10282 BOCA ENTRADA BLVD SUITE 322 BOCA RATON FL 33428
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4029 Cocoplum Circle Suite, Apt. #, etc. 22 City & State 23 Coconut Creek, FL Zip Country 24 33063 25 U.S.A.	2a. Mailing Address 26 4029 Cocoplum Circle Suite, Apt. #, etc. 27 City & State 28 Coconut Creek, FL Zip Country 29 33063 30 U.S.A.
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3. Date Incorporated or Qualified 07/23/1998	4. FEI Number 65-085 2713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ALVAREZ, GABRIEL E 10282 BOCA ENTRADA BLVD SUITE 322 BOCA RATON FL 33428
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81 Name Alvarez, Gabriel	82 Street Address (P.O. Box Number is Not Acceptable) 4029 Cocoplum Circle	83	84 City Coconut Creek FL	85 Zip Code 33063
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ALVAREZ, GABRIEL E
STREET ADDRESS	10282 BOCA ENTRADA BLVD., SUITE 322
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D <input type="checkbox"/> DELETE
NAME	TOVAR Z, ANA MARIA
STREET ADDRESS	10282 BOCA ENTRADA BLVD., SUITE 322
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4029 Cocoplum Circle
1.4 CITY-ST-ZIP	Coconut Creek, FL 33063
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TOVAR F, ANA MARIA
2.3 STREET ADDRESS	4029 Cocoplum Circle
2.4 CITY-ST-ZIP	Coconut Creek, FL 33063
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

(954) 973-8163

Daytime Phone #

CR2E034 (11/98)