

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90004 040 ***158.75

DOCUMENT # P99000072522

1. Entity Name
CARGRAPHICS INTERNATIONAL, INC.

Principal Place of Business 901 PONCE DE LEON BLVD STE 901 CORAL GABLES FL 33134-3343	Mailing Address 1313 PONCE DE LEON BLVD STE 901 CORAL GABLES FL 33134-3343
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00034011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 901 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 901	3. Mailing Address 901 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 901
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134	Country U.S.A.

4. FEI Number 65-0944456	Applied For Not Applicable
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6. Name and Address of Current Registered Agent
~~SANCHEZ GALARRAGA, JORGE~~
~~1313 PONCE DE LEON BLVD, STE 901~~
~~CORAL GABLES FL 33134-3343~~

7. Name and Address of New Registered Agent
 Name **MARIA ELENA RUBIO**
 Street Address (P.O. Box Number is Not Acceptable)
c/o: 901 PONCE DE LEON BLVD.,
SUITE 901
 City **CORAL GABLES** **FL** Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Maria Elena Rubio* DATE **2/4/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
 -Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY-1, 2000, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SANCHEZ GALARRAGA, JORGE 1313 PONCE DE LEON BLVD, STE 901 CORAL GABLES FL 33134-3343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P ALVAREZ, LUIS CAMILO 901 Ponce de Leon Blvd., Ste 901 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Carvajal, Jorge Hernando 901 Ponce de Leon Blvd., Ste 901 Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary Rubio, Maria Elena 901 Ponce de Leon Blvd., Ste 901 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Elena Rubio* DATE: **2/4/00** DAYTIME PHONE #: **(305) 448-6875**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)