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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V33245

(4)

1. Corporation Name  
2,000 GRAPHICS, INC.

Principal Place of Business

8208 NW 64 STREET  
MIAMI FL 33166

Mailing Address

8208 NW 64 STREET  
MIAMI FL 33166-2740



3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

LINARES, NEAL  
8650 S.W. 133 AVE. RD.  
# 414  
MIAMI FL 33183

81 Name

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

83

84 City

FL

85

Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME LINARES, NEAL EDUARDO  
STREET ADDRESS 8650 SW 133 AVE. RD #414  
CITY-ST-ZIP MIAMI FL 33183

1.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME LINARES, MAURICIO DE JESUS  
STREET ADDRESS 8650 SW 133 AVE RD #414  
CITY-ST-ZIP MIAMI FL 33183

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME LINARES, MAURICIO ORLANDO  
STREET ADDRESS 8650 SW 133 AVE RD #414  
CITY-ST-ZIP MIAMI FL 33183

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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, on an attachment with an address.

CR2E034 (9/96)