

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V56111 (0)**

1. Corporation Name  
**EIKON AMERICA, INC.**



Principal Place of Business		Mailing Address	
<del>122 BRICKELL AVENUE</del> <b>c/o Jose M. Reigosa</b>		<del>122 BRICKELL AVENUE</del> <b>c/o Jose M. Reigosa</b>	
<del>MIAMI FL 33131</del> <b>13960 N.W. 60th Avenue</b>		<del>MIAMI FL 33131</del> <b>13960 N.W. 60th Avenue</b>	
<del>USA</del> <b>Miami, FL 33014</b>		<del>USA</del> <b>Miami, FL 33014</b>	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	<b>08/07/1992</b>	<b>04/13/1995</b>
22	27	4. FEI Number	Applied For
23	28	<b>65-0359434</b>	<input type="checkbox"/> Not Applicable
24	29	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>AMARAL, BRANCA</b>		81 Name	
<b>1221 BRICKELL AVE.</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
<b>STE 1040</b>		83	
<b>MIAMI FL 33131</b>		84 City	<b>FL</b>
			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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREVE, SERGIO VEIRA</b>	1.2 NAME	
STREET ADDRESS	<b>R ALMIRANTE PEREIRA GUIM</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN PAULO, BRAZIL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLOS, LUIZ</b>	2.2 NAME	
STREET ADDRESS	<b>R ALMIRANTE PEREIRA GUIM</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN PAULO, BRAZIL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAEMER, SERGIO F S</b>	3.2 NAME	
STREET ADDRESS	<b>R ALMIRANTE PEREIRA GUIM</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN PAULO, BRAZIL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FILHO, ARSENIO G</b>	4.2 NAME	
STREET ADDRESS	<b>R ALMIRANTE PEREIRA GUIM</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN PAULO, BRAZIL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALVAO, EDSON RIBEIRO</b>	5.2 NAME	
STREET ADDRESS	<b>R ALMIRANTE PEREIRA GUIM</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN PAULO, BRAZIL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Arsevio Gallinardo Filho* ARSEVIO GALLINARDO FILHO 2/26/96 (305) 818-9993

CR2E034 (12/95)