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Apr 28 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 # V57595 (3)
1. Corporation Name
JOAN GRAPHIX, INC.



Principal Place of Business: 1445 N. MIAMI AVENUE, DAVIE FL 33136, US
Mailing Address: 8509 S. DIXIE HWY 136, MIAMI FL 33156-2802, US
16400 ERIC PLACE DAVIE FL 33331 USA

3. Date Incorporated or Qualified: 08/10/1992
3a. Date of Last Report: 04/30/1996
4. FEI Number: 65-0365318
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Above, 22 City & State, 23 Zip, 24 Country
2a. Mailing Address: 26 Above, 27 City & State, 28 Zip, 29 Country, 30 Country

9. Name and Address of Current Registered Agent
GITELIS, JOAN
7975 S.W. 86TH STREET, #203
MIAMI FL 33143

10. Name and Address of New Registered Agent
81 Name: Joan Gitelis
82 Street Address (P.O. Box Number is Not Acceptable): 16400 ERIC PLACE
83
84 City: Davie, FL 85 Zip Code: 33331

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 provisions of Section 607.0505, Florida Statutes.
SIGNATURE: *Joan Gitelis* (NOT: Registered Agent's signature required when reinstating)
Date: 4/19/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GITELIS, JOAN	
STREET ADDRESS	7975 S.W. 86TH STREET, #203	
CITY-ST-ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joan Gitelis
1.3 STREET ADDRESS	16400 ERIC PLACE
1.4 CITY-ST-ZIP	DAVIE, FL 33331
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, or on an attachment with an address.

SIGNATURE: *Joan Gitelis*

CR2E034 (9/96)