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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name F85855

(7)

FILED Apr 30 1996 8:00 am Secretary of State

ORIGINAL IMPRESSIONS, INC.	
The state of the s	

	76			MIAMI FL 33176								
							3. Date Incorporated or Qualified 3a. Date of L 06/18/1982 04/19			Last Report 9/1995		
2. Principal Pla	ce of Business		2a.	Mailing Address				4. FEI Number			Applied For	
1				26				59-2222757			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional ee Required	
City & State			28	City & State				Election Campaign Financing Trust Fund Contribution		• -	.00 May Be ded to Fees	
Zip	25	Country	29	Zip	Cou 30	ntry		8. This corporation has liability for Florida Statutes Yes	intangible tax	cunde	rs 199.032,	
l	1	nd Address of Curre		tered Agent	1001			10. Name and Address of New R	egistered A	gent		
				-		81	Name					
WHITMA	N, IRVING J	•				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
		GROSS, P.A.				83						
10651 NORTH KENDALL DR.,#200 MIAMI FL 33176						84	City		FL	65	Zıp Code	
1. Pursuant to	o the provision	s of Sections 607.050	2 and 60	17.1508, Florida Statut	tes, the abo	V8-F	named corpor	ration submits this statement for the purific of directors. I hereby accept the app	pose of char	nging i	ts registered officed agent. I am	
	h, and accept	the obligations of, Sec	tion 607.	.0505, Florida Statute	S.	JOI (P	0141101110 200	to of alloctora. Thereof, accept the app		-3		
	Signature, typed or	printed name of registered ager				Agen	it signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDEC	TODE IN 12	
2.		OFFICERS AN	ID DIBEC		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF		7 Chan		
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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:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 305-233:1300