
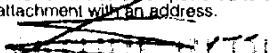


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L53687 (4)					
1. Corporation Name BARON'S VISUAL IMAGES INC.					
Principal Place of Business 7365 SW 8TH STREET MIAMI FL 33144			Mailing Address 7365 SW 8TH STREET MIAMI FL 33144		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0186034	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 Country		29 Country		8. This corporation owes or has paid to Personal Property Tax due June 30, 1997 <input type="checkbox"/>	
9. Name and Address of Current Registered Agent DAPARRE, BARON 7365 SW 8TH STREET MIAMI FL 33144				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
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 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 this statement and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE P DAPARRE, BARON 7365 SW 8TH MIAMI FL 33144 <input type="checkbox"/> DELETE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. 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. If 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 I am officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; a Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



DO NOT WRITE IN THIS SPACE

SPACE

Applied For
Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

Current year Intangible
☐ Yes ☐ No

Agent

85 Zip Code

of changing its registered appointment as registered

ND DIRECTORS IN 12
☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

I certify that the information is true and accurate; that I am an officer or director of the corporation; and that my name appears in

CR2E034 (10/97)

Date

Daytime Phone #

0207812