

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 # **L57415** (6)

1. Corporation Name

AFTER IMAGE, INC.



Principal Place of Business

**3250 S.W. 3RD AVENUE
SUITE#204
MIAMI FL 33129
US**

Mailing Address

**3250 S.W. 3RD AVENUE
SUITE#204
MIAMI FL 33129
US**

3. Date Incorporated or Qualified
03/12/1990

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **230 PALERMO AVE**

26 **230 PALERMO AVE.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 **2nd Floor**

27 **2nd Floor**

23 City & State

28 City & State

23 **CORAL GABLES, FL**

28 **CORAL GABLES, FL**

24 Zip

25 Country

29 Zip

30 Country

24 **33134**

25 **USA**

29 **33134**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREIRA, DENIS
9280 SW 154TH CT
MIAMI FL 33196**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **PEREIRA, DENIS**
STREET ADDRESS **9280 S.W. 154TH COURT**
CITY - ST - ZIP **MIAMI FL**

TITLE **S** ☐ DELETE
NAME **COGGINS, NATALIE**
STREET ADDRESS **9280 S.W. 154TH COURTH**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATALIE COGGINS

4/22/96

(305) 444-7002

CR2E034 (12/95)