

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR -3 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M21933 (0)
1. Corporation Name
A CORPORATE IMPRESSION, INC.

Principal Place of Business Mailing Address
8367 NW 12TH ST 8367 NW 12TH ST
MIAMI FL 33126 MIAMI FL 33126-1842

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/15/1985 05/01/1996
4. FLI Number Applied For
59-2632837 Not Applicable
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

9. Name and Address of Current Registered Agent
DE SANTINO, JOSEPH
13400 SW 22ND ST
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name Tony Ponceti
82 Street Address (P.O. Box Number is Not Acceptable) 9807 Costa Del Sol
83
84 City Miami FL 85 Zip Code 33178

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 *Tony Ponceti* DATE 3/4/97
Signature, typed or printed name of registered agent and ink if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PST DE SANTINO, JOSEPH	<input checked="" type="checkbox"/>
NAME	DE SANTINO, JOSEPH	
STREET ADDRESS	13400 S.W. 22 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D DE SANTINO, JOSEPH	<input checked="" type="checkbox"/>
NAME	DE SANTINO, JOSEPH	
STREET ADDRESS	13400 S.W. 22 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	DPST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	TONY PONCETI		
13 STREET ADDRESS	9807 COSTA DEL SOL		
14 CITY-ST-ZIP	MIAMI, FL 33178		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 alternate agent with an address

SIGNATURE *Tony Ponceti* DATE 3/4/97

CR2E034 (9/96)