

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90006 040 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M21933**

1. Corporation Name  
**A CORPORATE IMPRESSION, INC.**



|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Principal Place of Business       | Mailing Address                   |
| 8367 NW 12TH ST<br>MIAMI FL 33126 | 8367 NW 12TH ST<br>MIAMI FL 33126 |

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 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                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|   |   |
|---|---|
| 3. Date Incorporated or Qualified                                       | Applied For   |
| 10/15/1985  | Not Applicable  |
| 4. FEI Number   | Applied For   |
| 59-2632837  | Not Applicable  |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| <input checked="" type="checkbox"/>                                     |   |
| 6. Election Campaign Financing Trust Fund Contribution                  | \$5.00 May Be Added to Fees   |
| <input type="checkbox"/>  |   |
| 8. This corporation owes the current year Intangible Personal Property. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

9. Name and Address of Current Registered Agent

**PONCETI, TONY**  
**9807 COSTA DEL SOL**  
**MIAMI FL 33178**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |
|   | FL          |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | DPST               | <input type="checkbox"/> DELETE |
| NAME           | PONCETI, TONY      |                                 |
| STREET ADDRESS | 9807 COSTA DEL SOL |                                 |
| CITY-ST-ZIP    | MIAMI FL 33178     |                                 |
| 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    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 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 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: [Signature] SIGNATURE REQUIRED: PONCETI 7/6/99 305-599-0077

CR2E034 (5/99)

590334-90006-40  
M21933

# A CORPORATE IMPRESSION<sup>SM</sup>



A FULL COLOR SERVICE BUREAU

8367 Northwest 12th Street • Miami, Florida 33126 • (305) 599-0077 • Fax (305) 599-0078

7/6/99

DIV. of CORP.  
Annual Reports Filing  
Tallahassee, FL.

TO WHOM IT MAY CONCERN;

I have just received this second notice for this annual report which we had sent off back in March of this year.

In checking with the bank I found that the check had not come back, so I assume the check, along with the report, was lost. So I called 850-487-6059 and spoke to someone regarding the situation - she instructed me to stop payment on the original check (which I did), and send the payment again along with a letter of explanation.

If you will check our history we have never been late on this report - so any it having been lost would have caused you not to have received it.

Thank you very much for your understanding.

Respectfully,

J. Parate