

PROFIT CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

FILED

DOCUMENT # M64978 (3)
 1. Corporation Name
ADMAGINATIONS, INC.

1995 JUL 13 AM 9:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: % ELIZABETH LUXON, 5473 N. UNIVERSITY DR. STE 153, LAUDERHILL FL 33351
 Mailing Address: % ELIZABETH LUXON, 5473 N. UNIVERSITY DR. STE 153, LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/14/1988**
 3a. Date of Last Report: **07/08/1994**

4. FEI Number: **65-0053191**
 Applied For: Applied For, 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

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

9. Name and Address of Current Registered Agent:
LUXON, ELIZABETH
3710 NW 71 STREET
COCONUT CREEK FL 33073

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUXON, ELIZABETH
STREET ADDRESS	5473 N. UNIVERSITY DR. STE. 153
CITY-ST-ZIP	LAUDERHILL FL
TITLE	VP
NAME	ALABARGES, JOSE R
STREET ADDRESS	29120 D BARWOOD PARK LANE
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP- OPERATIONS
2.3 STREET ADDRESS	BARNABAS I. BRITT
2.4 CITY-ST-ZIP	3710 NW 71 ST COCONUT CREEK FL 33073
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP- SALES & MARKETING
3.3 STREET ADDRESS	PHILIP H. BUTERA
3.4 CITY-ST-ZIP	9355 SW 9th ST BOCA RATON, FL 33428
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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: *Elizabeth Luxon* Date: **7/10/95** 305 427-8922

CR2E034 (3/95)