

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 # P95000075720 (9)

1. Corporation Name
FULL SPECTRUM IMAGING, INC.



Principal Place of Business: 11942 S.W. 81ST ROAD MIAMI FL 33156
Mailing Address: 11942 S.W. 81ST ROAD MIAMI FL 33156

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report: 10/02/1995
4. FEI Number: 65-0654952
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 1869-A N. PINE ISLAND RD. 22 Suite, Apt. #, etc.:
23 City & State: PLANTATION, FL 24 Zip: 33322 25 Country:
2a. Mailing Address: 26 1869-A N. PINE ISLAND RD. 27 Suite, Apt. #, etc.:
28 City & State: PLANTATION, FL 29 Zip: 33322 30 Country:

g. Name and Address of Current Registered Agent
ARDOLEYA, CARLOS J JR
2100 PONCE DE LEON BLVD.
SUITE 1100
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: MITCHELL STEIN
82 Street Address (P.O. Box Number is Not Acceptable): 1869-A N. PINE ISLAND ROAD
83
84 City: PLANTATION, FL 85 Zip Code: 33322

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]* MITCHELL STEIN 5/20/96 x DATE

12. OFFICERS AND DIRECTORS

TITLE	B-	<input type="checkbox"/> DELETE
NAME	STEIN, MITCHELL	
STREET ADDRESS	11942 S.W. 82ST ROAD	
CITY-ST-ZIP	MIAMI FL 33156	
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. TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	STEIN, MITCHELL	
3. STREET ADDRESS	1869-A N. PINE ISLAND ROAD	
4. CITY-ST-ZIP	PLANTATION, FL 33322	
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	300001864563	
4.4 CITY-ST-ZIP	-06/18/36--01011--028	
5.1 TITLE	***225.00	<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 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]* MITCHELL STEIN 5/20/96 x DATE

CR2E034 (12/95)