

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 AUG 14 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # V23649 (9)
1. Corporation Name
C T IMAGING, INC.

Principal Place of Business
**395 W. 10 ST., STE. 2
HIALEAH FL 33010**

Mailing Address
**395 W. 10 ST., STE. 2
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/25/1992 | | 3a. Date of Last Report 09/04/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0335539 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 24 Country | | 29 Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| PENA, HECTOR 5368 S.W. 90 CT. MIAMI FL 33185 | | | | 81 Name GILBERTO RUIZ | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 395 W 10 ST | | | |
| | | | | 83 | | | |
| | | | | 84 City HIALEAH | | | |
| | | | | 85 Zip Code FL 33010 | | | |

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 X X (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|---------------------------------|----|----------------------------|--|--|----|-------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | SD | PENA, HECTOR | | 1.1 TITLE | PD | RUIZ, GILBERTO | |
| NAME | | 5368 S.W. 90 CT. | | 1.2 NAME | | 395 W 10 ST | |
| STREET ADDRESS | | MIAMI FL 33185 | | 1.3 STREET ADDRESS | | HIALEAH, FL 33010 | |
| CITY-ST-ZIP | | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | PD | MARTIN, RAUL | | 2.1 TITLE | | | |
| NAME | | 2266 S.W. 15TH ST. | | 2.2 NAME | | | |
| STREET ADDRESS | | MIAMI FL 33145 | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SD | FLEITES, JUAN M | | 3.1 TITLE | | | |
| NAME | | 9375 S.W. 40 TR., APT. 108 | | 3.2 NAME | | | |
| STREET ADDRESS | | MIAMI FL 33155 | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | | | 4.1 TITLE | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | | | 5.1 TITLE | | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | | | 6.1 TITLE | | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 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 attachment with an address.

SIGNATURE: X X **SIGNATURE REQUIRED** 8-11-97

CR2E034 (4/97)