


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

APPROVED
AND
FILED

1997 MAY -1 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # **L53687** (4)
1. Corporation Name
BARON'S VISUAL IMAGES INC.

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|---|--|
| Principal Place of Business 7365 SW 8TH STREET MIAMI FL 33144 | Mailing Address 7365 SW 8TH STREET MIAMI FL 33144-4539 |
|---|--|

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|--|--|
| 3. Date Incorporated or Qualified 02/28/1990 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0186034 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | |
| DAPARRE, BARON 7365 SW 8TH STREET MIAMI FL 33144 | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 84 City |
| 85 | 86 Zip Code |

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| 10. Name and Address of New Registered Agent | |
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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 **DAPARRE DAPARRE PRESIDENT** DATE **4/16/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.)

| | |
|----------------------------|---------------------------------|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | P DAPARRE, BARON |
| STREET ADDRESS | 7365 SW 8TH |
| CITY-ST-ZIP | MIAMI FL 33144 |
| 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 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: **DAPARRE DAPARRE PRESIDENT** DATE **4/16/97** (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)