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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J71359

(0)

SOUTH FLORIDA IMAGES, INC.

1	TILED
Mar 05	1997 8:00am
Secret	tary of State

Principal Place of Business Mailing Address 789 BRICKELL PLAZA 789 BRICKELL PLAZA				I SDOINTE QUELLOOON TIONE TITOL OUTS BINKL ONNI STORE SHALL OIDIT BINKL SHALL						
SUITE 702		SUITE 702								
MIAMI FL 33131		MIAMI FL 33131-2806				3. Date Incorporated or Qualified 05/06/1987		e of Last 3/1996		
2. Principal Po	ace of Business	2a. Mailing Address	······			4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For	
21		26				65-0080740			Not Applicab	ole
Suite, Apt :	$\theta_i \in \mathbb{N}$	Suite, Apt #, etc.				F. Continued Observe Desired		\$8.75	Additional	
22		27				5. Certificate of Status Desired		Fee	Required	
City & State	City & State City & State				6. Election Campaign Financing		\$5.0	0 May Be		
23		28				Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Zip Country			8. This corporation has liability for in				
24 25		[29]	30			Florida Statutes Yes 🔀 No				
	9. Name and Address of Curr	ent Hegisterea Agent		Ri	Name	10. Name and Address of New Reg	isterea A	gent		
	IS, RICHARD C.			"	Ivairie					
	BRICKELL PLAZA			82	Street Add	dress (P.O. Box Number is Not Acceptabl	9)			
	E 702			83						\dashv
MUAN	AI FL 33131			63						
				84	City) I	85 Zi	p Code	
							<u>FL</u>	<u> </u>		
• 11. Porscant t office or re	to the provisions of Sections 607 O egistered agent, or both, in the Sta	502 and 507.1508, Florida Stati ite of Florida. Such change was	ites, trie a authorize	d by	-named cor the corpora	poration submits this statement for the pa ation's board of directors. I hereby accep	rpose of the appo	changing intment (i its registered as registered	i l
agent rai	ni famhar with, and accept the obl	igations of, Section 607,0505, F	lorida Sta	tutes		,			-	
SIGNATURE.	=						·			
12.	Signature type flor protest rank of regulered. CNT ICLES A	IND DIRLCTORS	13.	a Age	ot signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DO AND	DIRECTO	OPS IN 12	
TITLE	SD	DELETE	111	TLF		ADDITIONS/OFFANGES TO CITTO		Change		on :
NAME	MESSERSCHMIDT, AL		12 N							
STEEL FALLINESS	407 LINCOLN RD.				ADDRESS					
CHY ST ZIP	MIAMI BEACH FL			IIY-S						
THU!	PD	DELETE	211)		1-511			Change	e Additi	on
NAME	LEWIS, RICHARD C.		22 N		ļ					- [
STEPLE ADDRESS	799 BRICKELL PLZ				ADDRESS					
COLA 21 7H	MIAMI FL				T-21P	: 1		-		
TIFLE		DELETE	31 TI					Change	e Additi	ion
NAME			32 N	AME				•		-
STURE LADDRESS					ADDRESS					
CITY ST ZIE					T-ZIP					
THE		DELETE	4 1 T)					Change	e Additi	on
NAME			4 2 N	AME						
STREET ALORESS			438	TREET	ADDRESS					
O(1+-57-20)				IIY-S						
TULE	011	DELETE	511)					Change	e 🔲 Additi	on
NAME			52 N	AME						
SHEEL ADJRESS			53S	TREET	ADDRESS					
GHY+S1-z0				ITY-S						
Milit		DELETE	61 TI					Change	e 🔲 Additi	on
NAME			62 N				·	_ •		
STREET ALCORESS					ADDRESS					
OTY-51-2#				ITY-S						
	by certify that the information supp	lied with this filling does not qua				ed in Section 119.07(3)(i), Florida Statutes	. I further	certify th	at 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 Blog 13 if changed, on on an attachment with an address.

SIGNATURE:

Chaud C. Lauris

2 - 28 - 97 3 as - 3 74 - 11 3 |

Chaud C. Lauris

2 - 28 - 97 3 as - 3 74 - 11 3 |