

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 18 PM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L04727 (8)**

1. Corporation Name  
**DYNAMIC IMAGES IMPORT & EXPORT, INC.**

Principal Place of Business <b>2920 NW 72ND AVENUE MIAMI FL 33122 US</b>	Mailing Address <b>2920 NW 72ND AVE MIAMI FL 33122 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/26/1989</b>	3a. Date of Last Report <b>04/01/1994</b>
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4. FEI Number <b>65-0134822</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 <b>2914 NW 72 AVENUE</b> Suite, Apt. #, etc.	2a. Mailing Address 25 <b>P.O. BOX 523013</b> Suite, Apt. #, etc.
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22 City & State 23 <b>MIAMI, FLORIDA</b>	27 City & State 28 <b>MIAMI, FLORIDA</b>
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24 Zip <b>33122</b>	25 Country <b>USA</b>	29 Zip <b>33152-3013</b>	30 Country <b>USA</b>
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9. Name and Address of Current Registered Agent

**LOSADA, HAYDEE  
1157 WEST 38TH TERRACE  
HALEAH FL 33012**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			<b>FL</b>	

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, typed or printed name of registered agent and title of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>LOSADA, CARLOS</b>
STREET ADDRESS	<b>1157 W. 38TH TERRACE</b>
CITY - ST - ZIP	<b>HALEAH FL</b>
TITLE	<b>DS</b>
NAME	<b>LOSADA, HAYDEE</b>
STREET ADDRESS	<b>1157 W. 38TH TERRACE</b>
CITY - ST - ZIP	<b>HALEAH FL</b>
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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Haydee Losada* **HAYDEE LOSADA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
 DATE: **4/12/95**  
 SYSTEM FEE: **301-477-9383**