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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	NNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS						
DOCUM	1ENT # L449 2	25 (0)					
LE'DURZ IMAGES ENTERPRISES INC. Principal Place of Business Mailing Address							
, , , , , , , , , , , , , , , , , , , ,					Date Incorporated or Qualified 01/19/1990	07/20/19	995
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0169420		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	☐ Add	00 May Be ded to Fees
Z ip	Country 25	Zip 29	30 Cot	intry		□ No	s 199.032,
24	g. Name and Address of Cui		1001		10. Name and Address of New F	legistered Agent	
				81 Name			
8357 W. SUNRISE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
PLANTA	ON FL 33322			63			
				84 City		FL 85	Zip Code
O ONATUDE	ed agent, or both, in the State of the and accept the obligations of State of the obligations of State of the			corporation's boa	ration submits this statement for the pured of directors. I hereby accept the app	ĐA" E	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	DUMATE, ANA MARIA	DELETE	1 1	TITLE		☐ Chang	is Ti voncou
NAME				NAME			
STREET ADDRESS	8357 W. SUNRISE BLVD. PLANTATION FL			SPREET ADDRESS			
CITY-ST-ZIP	PLANIATION FL	DELETE		DITY-ST-ZIP TITLE		Chang	ge 🔲 Addition
TITLE				NAME			
NAME STREET ADDRESS			1	STREET ADORESS			
CITY-ST-ZIP			2.4	CITY+S1+ZIP			
TITLE		☐ DELETE	3 1	TITLE		☐ Chan	ge 🔲 Addition
NAME	}			NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		DELETE		CITY-ST-7IP TITLE		☐ Chan	ige Addition
101E		L.J pecete		NAME	(1010mm-4 m)	——————————————————————————————————————	
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STREET ADDRESS City-St-Zip				CITY-ST-ZIP	***208.75		
TITLE		☐ DELETE		TITLE		☐ Chan	nge 🗌 Addition
NAME			. 52	NAME			3
STREET ADDRESS			1	STREET ADDRESS			\mathcal{Q}
CITY-ST-ZIP				CITY-ST-ZIP		☐ Char	nge Addition
TITLE		☐ DELETE		1 FITLE		- Olia	, , , , , , , , , , , , , , , , , , ,
NAME				NAME CERCEL AGREECE			A A
STREET ADDRESS			6.3	STREET ADDRESS			777

6.4 CITY-ST-ZIP

14. If do hereby certify that the information suspiled 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 coath; 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 a ranged, or on an attachment with an address

SIGNATURE: