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

CORPORATION ANNUAL REPORT

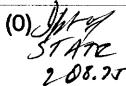


FLÖRIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

M21933

A CORPORATE IMPRESSION, INC.





100.N							
Principal Place of Business Mailing Address					I INDURBUN KIO NOBI NBUB URKUR		01811 31811 61811 61811 1881
8367 NW 12TH ST MIAMI FL 33126		8367 NW 12TH ST Miami Fl 33126					
					3. Date incorporated or Qualified 10/15/1985	3a. Date of I	Last Report /01/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
26		26			59-2632837	_	Not Applicable
		Suite Apt. #, etc	1		5. Certificate of Status Desired	\$	8.75 Additional Fee Required
Gity & State		City & State	ໆ ່		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
Zip	Country	Zip	-h		Trust Fund Contribution Added to Fees 8. This corporation has liability or intangible tax under s 199.032,		
24	25 29		30		Florida Statutes Yes No		
	9. Name and Address of Currer	t Registered Agent		.T	10. Name and Address of New	Registered Age	nt
			8	1 Name			
	NTINO, JOSEPH		82 Street		ddress (P.O. Box Number is Not Acceptable)		
13400 SW 22ND ST Miami Fl 33175			83				
marani i	12 00170		8	4 Gity			5 Zip Code
				' '	ration submits this statement for the purify of directors. Thereby accept the app	FL!	
12.		D DIRECTORS	13.	erah sagirah instrumpuna	ADDITIONS/CHANGES TO OF		
TITLE	PST	DELETE	1 1 1111			□ c	nange 🔲 Addition
NAME CERCULA DEPOS CE	DE SANTINO, JOSEPH 13400 S.W. 22 ST.		1.2 NAM				
STREET ADDRESS CITY -ST - Z.P	MIAMI FL			EL ADDRESS			
TITLE	D	[] DELETE	1.4 CHY 2.1 Tilti			ПС	nange Addition
NAME	DE SANTINO, JOSEPH 22		2.2 NAM			L) -	
STREET ADDRESS	13400 S.W. 22 ST.		2.3 STRE	ET ADDRESS			
CHTY-ST-ZIP	MIAMI FL	MIAMI FL		ST ZiF			
TITLE		Del Fie	3 1 1111		Change Addition		nange 🔲 Add tion
NAME			3.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
City -S1 - ZiP TITLE	T] DELETE		3.4 City 4.1 Titu			ПС	nange Addition
NAME		b '	4.2 NAM			·	ang Lines
STREET ADDRESS			4.3 STRE	LL ADORESS			
CITY - ST - ZIP		·	4.4 C/1Y				
TITLE		DELETE 5 1 T					hange 🔲 Addition
NAMÉ			5.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP				S1-ZIF	Change Children		
NAME		□ DELETE €		1	Change Add tion		
STREET ADDRESS			6.2 NAM 6.2 CIUS	- 1			
CITY - ST - ZIP			6.4 City	EL ADDRESS			
	certify that the information supplied	with this filing is your tarily furn	ished and do	es not qualify t	for the exemption stated in Section 119	1.07(3)(k), Florida	Statutes, I further

certify that the information indeceath; that I am an officer or dire appears in Block 12 or Block

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR