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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000013134 (0)

1. Corporation Name

FORENSIC ANIMATION & IMAGING, INC.



Principal Place of Business

4221 AURORA ST  
STE 0  
CORAL GABLES FL 33146  
US

Mailing Address

4221 AURORA ST  
STE 0  
CORAL GABLES FL 33146-1824  
US

2. Principal Place of Business

21 4221 Aurora St

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, FL

Zip

24 33146

Country

25 USA

2a. Mailing Address

26 4221 Aurora St

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL

Zip

29 33146

Country

30 USA

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0394567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PAPPAS, JOHN M  
8815 SW 119 ST  
PHIA  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name JOHN M PAPPAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
8615 SW 119 ST  
83  
84 City Miami FL FL 85 Zip Code 33156

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 of registered agent or principal officer of corporation (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/24/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P PAPPAS, JOHN M  
8815 SW 119 ST  
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPS ELDER, JOHN G  
3228 SW 3 ST  
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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

SIGNATURE OF OFFICER

AP MR

4/24/97

CR2E034 (9/96)