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

CORPORATION **ANNUAL REPORT** 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

FILED

Mar 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018129 (5)

IMAGE TRA	ADING COMPANY									
Principal Place of I	Business	Mailing A	ddress				T TORINGO HOUSE HE TOTAL HILL BETT GOTTE	E diki dalah keba h	LOCAL HOUSE IS	NA (B)) MAI
14925 S.W. 48 TER	RR.	4835 SW	149TH CT.			i				
SUITE G A										
MIAMI FL 33185 MIAMI FL 33185					\	DO NOT WRITE IN THIS SPACE				
US		US				3	Date Incorporated or Qualified	j		
6 6	10	1.00 14.00					03/10/1993			
2. Principal Place	• · · •	2a. Mailing	g Address			1	I. FEI Number		· -	pplied For
21 4835 Suite, Apt. #. et		26	Apt. #, etc.				65-0393763			lot Applicabl
	ic.	-	мрт. #, етс.				6. Certificate of Status Desired			Additional lequired
22 A City & State		27 City &	State				3. Election Campaign Financing			
MAIME	i FLORIDA	28				"	Trust Fund Contribution) May Be I to Fees
Zip	Country	Zip		Coun	trv		. This corporation owes or has			
M 33185		29		30		'	Personal Property Tax due Ju	_		No
	. Name and Address of Curren		Agent	100]		10	D. Name and Address of New I			
FERNAL	NDEZ, EDUARDO				1 Name	Och	Consoler	_		
				L.		KEN	ATO FRANCIEC	<u>o</u>		
						Raddress ((P.O. Box Number is Not Accept	able) [#A		
	700 FL 33131			1	13	<u>500</u>	GW ATT WOR			
MAMI	rt 33131				<u> </u>					
				[1	City _	MIAI	:	FL	85 Zip	2182 Coqe
14 Durationt to th	ne provisions of Sections 607-050 stered agent, or both, in the State amiliar with and according to the	230d 607 1600	9 Elorido Ctotu	lan the ob	1	1 11 PAT	on pubmits this statement for the	F In	36	71.8D
SIGNATURE	and the	est and title if applicat	RENA INO	FRU	Mas	∞ -t	RESIDENT	03/1	9/98	RS IN 12
TITLE D)		DELETE	1.1 1011	£]			Change	Additio
	RANCISCO, RENATO			1.2 NAM	IE	1				
STREET ADDRESS 5	01 BRICKELL KEY DR. SUITE	E 400		1.3 STR	EET ADORESS					
CITY-ST-ZIP M	/IAMI FL 33131			1.4 CITY	-ST-ZIP					
TITLE			DELETE	2.1 TITL	E		*		Change	Addition
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CITY-ST-ZIP				4.4 CITY	-ST-ZIP					
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NAME			_	6.2 NAM						
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP	1				
14. I hereby certif	y that the information supplied w	ith this filing de	es not qualify f	or the exer	notion state	ted in Sect	tion 119.07(3)(i), Florida Statutes	. I further ce	rtify that the	e information
indicated on the officer or direct Block 12 or Bl	ly that the information supplied within annual report or supplementa- ctor of the corporation or the recollect 13 if changed, or on an affair	annual report liver or trustee chment with an	is true and accempowered to	curate and execute th	that my sig	gnature sh is required	nall have the same legal effect as by Chapter 607, Florida Statute	s if made und s; and that n	der oath; th ny name ap	at I am an opears in