

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000047232 (2)

1. Corporation Name

FRAMED IMAGES, INC.

Principal Place of Business

PINES
7984 PIENS BLVD
PEMBROKE PINES S 33024
US

Mailing Address

7984 PINES BLVD
PEMBROKE PIENS FL 33024
US



3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

21 7984 Pines Blvd.

2a. Mailing Address

26 Framed Images

4. FEI Number
65-0423598

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Pembroke Pines, FL

27 7984 Pines Blvd.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 33024

28 Pembroke Pines, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

33024

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUNEZ, ANGELA I
7984 PIENS BLVD
PEMBROKE PINES FL 33024

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Angela I. Nunez

(NOTE: Registered Agent signature required when reinstating)

5/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD
NAME NUNEZ, ANGELA
STREET ADDRESS 7984 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE VSD
1.2 NAME NUNEZ, ANGELA
1.3 STREET ADDRESS 7984 PINES BLVD.
1.4 CITY-ST-ZIP Pembroke Pines, FL

TITLE PDT
NAME NUNEZ, JOSE A
STREET ADDRESS 7984 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE PDT
2.2 NAME NUNEZ, JOSE A
2.3 STREET ADDRESS 7984 PINES BLVD.
2.4 CITY-ST-ZIP Pembroke Pines, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 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 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:

Angela I. Nunez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

(954)
983-1102
Daytime Phone #