FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000051655 (7)**

1. Corporation Name

PERFECT IMAGE CORP.

Principal Place of Business

34 S.E. 2ND AVENUE
SUITE 602
MIAMI FL 33131

Mailing Address

34 S.E. 2ND AVENUE
SUITE 602
MIAMI FL 33131

3. Date Incorporated or Qualified: **07/23/1993**

3a. Date of Last Report: **03/14/1995**

4. FEI Number: **65-0424816** ☐ 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

2. Principal Place of Business
21 **168 S.E. 1ST STREET**
22 Suite, Apt. #, etc.: **SUITE 500**
23 City & State: **MIAMI, FLORIDA**
24 Zip: **33131** 25 Country: **U.S.A.**

2a. Mailing Address
26 **168 S.E. 1ST STREET**
27 Suite, Apt. #, etc.: **SUITE 500**
28 City & State: **MIAMI, FLORIDA**
29 Zip: **33131** 30 Country: **U.S.A.**

9. Name and Address of Current Registered Agent

A **VERITE, JORDI F**

MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **115 E. DILIDO DRIVE**
83
84 City: **MIAMI BEACH** **FL** 85 Zip Code: **33139**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	VERITE, JORDI F	
STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	SCHAMY, GEORGE A	
STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	VADILLO, PABLO	
STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	115 E. DILIDO DRIVE	
14 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	250 N.E. 212 ST.	
24 CITY-ST-ZIP	MIAMI, FL 33179	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	8011 N.W. 166 ST.	
34 CITY-ST-ZIP	MIAMI, FL 33016	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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, added or deleted, or on an attachment with an address.

SIGNATURE: Jordi F. Verite — President — 2/12/96 — (305) 579-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)