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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF COHPORATIONS

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NEW IMAGE GROUP INC.

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Principal Prace of Business

19628 N. BACK NINE DR. 19628 N. BACK NINE DR. **BOCA RATON FL 33498-4641 BOCA RATON FL 33498** 3a. Date of Last Report 3. Date Incorporated or Qualified 09/15/1993 03/19/1996 4. FEI Number 2. Principal Place of Business 28. Mailing Address Applied For 65-0436714 Not Applicable 21 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Žφi Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name URZUA, ALEJANDRO 19628 N. BACK NINE DR. 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 83 84 City 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TALE THUE ALEJANDRO, URZUA 1.2 NAME 19628 N. BACK NINE DR. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP City-St-ZP DELETE Change Addition TITLE 21 THILE PAGE, LINDSEY 2.2 NAME NAME 19628 N. BACK NINE DR. STREET ALCIRESS 2 3 STREET ADDRESS **BOCA RATON FL** CHY-S1-ZiO 2 4 CITY - ST - ZIP DELETE Change Addition THE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP DELETE Change Addition TIFLE 4.1 1ITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 0.17 - 57 - 782 4.4 CITY - S1 - ZIP DELETE Addition 5.1 TITLE THILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET LADORESS 54 City-ST-ZIP **CHY 51 20** DELFTE Change Addition 61 TITLE 1:115 6.2 NAME HAMI STREET ALIDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-7IP 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name