

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P93000064848 (3)
 1. Corporation Name
NEW IMAGE GROUP INC.



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|--|--|
| Principal Place of Business 19628 N. BACK NINE DR. BOCA RATON FL 33498 | Mailing Address 19628 N. BACK NINE DR. BOCA RATON FL 33498 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 11145 HARBOUR SPRINGS CIRCLE Suite, Apt. #, etc. | 2a. Mailing Address 26 11145 HARBOUR SPRINGS CIRCLE Suite, Apt. #, etc. |
| 22 City & State 23 BOCA RATON, FLORIDA 24 Zip 33428 25 Country USA | 27 City & State 28 BOCA RATON, FLORIDA 29 Zip 33428 30 Country USA |

3. Date Incorporated or Qualified
09/15/1993

4. FEI Number 65-0436714 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 URZUA, ALEJANDRO
 19628 N. BACK NINE DR.
 BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name URZUA, ALEJANDRO

82 Street Address (P.O. Box Number is Not Acceptable)
11145 HARBOUR SPRINGS CIRCLE

83

84 City BOCA RATON FL 85 Zip Code 33428

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 ALEJANDRO URZUA, PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ALEJANDRO, URZUA | |
| STREET ADDRESS | 19628 N. BACK NINE DR. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PAGE, LINDSEY | |
| STREET ADDRESS | 19628 N. BACK NINE DR. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | URZUA, ALEJANDRO | |
| 1.3 STREET ADDRESS | 11145 HARBOUR SPRINGS CIRCLE | |
| 1.4 CITY-ST-ZIP | BOCA RATON - FL - 33428 | |
| 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PAGE, LINDSEY | |
| 2.3 STREET ADDRESS | 11145 HARBOUR SPRINGS CIRCLE | |
| 2.4 CITY-ST-ZIP | BOCA RATON - FL - 33428 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: ALEJANDRO URZUA 7-15-98 (Sb) 4778599

CR2E034 (5/98)