FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:34

DOCUMENT # P94000001315 (8)

1. Corporation Name
IMAGE EXPRESSIONS, INC.

Principal Place of Business	Mailing Address
7157 SW 117TH AVE MIAMI FL 33183	7157 SW 117TH AVE MIAMI FL 33183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:

2. Principal Place of Business 21 / 2a. Mailing Address 26
Suite, Apt. #, etc. 22 / Suite, Apt. #, etc. 27
City & State 23 / City & State 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 65-0458516 ☐ 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

9. Name and Address of Current Registered Agent

CASTELLS, ARIEL
7157 SW 117TH AVE
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name
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 [signature] ARIEL CASTELLS 2-15-95
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when reinstated. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	CASTELLS, ARIEL	1.2 NAME	ARIEL CASTELLS
STREET ADDRESS	10900 SW 104TH ST APT #126	1.3 STREET ADDRESS	7157 SW. 117 AVE.
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI. FL. 33183
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	CASTELLS, BEATRIZ	2.2 NAME	BEATRIZ CASTELLS
STREET ADDRESS	10900 SW 104TH ST #126	2.3 STREET ADDRESS	7157 S.W. 117 AVE.
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	MIAMI. FL. 33183
TITLE		3.1 TITLE	S ☐ Change ☒ Addition
NAME		3.2 NAME	LEONARD CASTELLS
STREET ADDRESS		3.3 STREET ADDRESS	7157 S.W. 117 AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL. 33183
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [signature] ARIEL CASTELLS 2/15/95 (305) 596-4372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200444 CP