

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90039 008 ***150.00

DOCUMENT # P94000001315

1. Corporation Name

IMAGE EXPRESSIONS, INC.

Principal Place of Business

7157 SW 117TH AVE
MIAMI FL 33183

Mailing Address

7157 SW 117TH AVE
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1994

4. FEI Number

65-0458516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

BEATRIZ CASTELLS

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

7157 SW 117 AVE

83

MIAMI FL

33183

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

Beatriz Castells

BEATRIZ CASTELLS

4/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CASTELLS, ARIEL
STREET ADDRESS 7157 SW 117TH AVE
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE DV
NAME CASTELLS, BEATRIZ
STREET ADDRESS 7157 SW 117TH AVE
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME BEATRIZ CASTELLS
1.3 STREET ADDRESS 7157 SW 117 AVE
1.4 CITY-ST-ZIP MIAMI FL 33183

☒ Change

☐ Addition

2.1 TITLE DV
2.2 NAME ARIEL CASTELLS
2.3 STREET ADDRESS 7157 SW 117 AVE
2.4 CITY-ST-ZIP MIAMI FL 33183

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Beatriz Castells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99

CR2E034 (11/98)