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95 MAY -1 PM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000021629 (8)**  
1. Corporation Name  
**NEW IMAGES DISTRIBUTORS CORP.**

Principal Place of Business      Mailing Address  
**8410 N.W. 70TH ST.  
SUITE # 2  
MIAMI FL 33166**      **8410 N.W. 70TH ST.  
SUITE # 2  
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/21/1994</b>	3a. Date of Last Report
21 <b>3900 NW 79th AV</b> Suite, Apt. #, etc.	26 <b>3900 NW 79th AV</b> Suite, Apt. #, etc.			4. FEI Number <b>65-0475112</b>	Applied For <input type="checkbox"/> Not Applicable
22 <b>310</b> City & State	27 <b>310</b> City & State			5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>MIAMI, FL.</b> Zip      Country	28 <b>MIAMI, FL.</b> Zip      Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33166</b>	25 <b>DADE</b>	29 <b>33166</b>	30 <b>DADE</b>	B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DOS SANTOS, JOSIVALDO 13755 S.W. 160 ST. MIAMI FL 33177</b>				81 Name	<b>EVALDO RUFINO</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>3900 NW 79th AV.</b>		
				83	<b>SUITE 310</b>		
				84 City	<b>MIAMI</b>	85 Zip Code	<b>FL 33166</b>

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]*      DATE: **04/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	11 TITLE	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUFINO, EVALDO</b>	12 NAME	<b>Same</b>
STREET ADDRESS	<b>8410 N.W. 70TH ST.</b>	13 STREET ADDRESS	<b>3900 NW 79th Av, Suite 310</b>
CITY - ST - ZIP	<b>MIAMI FL 33166</b>	14 CITY - ST - ZIP	<b>Miami FL. 33166</b>
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(k), 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]*      DATE: **04/07/95**      CUSTOMER NUMBER: **305-717-8881**