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 MAY -1 PM 1:55

DOCUMENT # P94000030303 (9)

1. Corporation Name

IMAGE DESIGN CONSULTANTS, INC.

Principal Place of Business	Mailing Address
900 SAINT CHARLES PLACE UNIT 319 PEMBROKE PINES FL 33026	900 SAINT CHARLES PLACE UNIT 319 PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 6222 CHAMPLAIN Terr.
Suite, Apt. #, etc: 22
City & State: 23 DAVIE, FL 33331
Zip: 24 Country: 25 BROWARD

2a. Mailing Address: 26 6222 Champlain Terr
Suite, Apt. #, etc.: 27
City & State: 28 DAVIE, FL
Zip: 29 33331 Country: 30 BroWARD

4. FEI Number: 65-0483801 ☐ 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

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: MONICA M. AZPURUA
82 Street Address (P.O. Box Number is Not Acceptable)
83 6222 CHAMPLAIN Terr
84 City: DAVIE FL 85 Zip Code: 33331

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]
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	P
NAME	AZPURUA, MONICA M
STREET ADDRESS	~~900 SAINT CHARLES PLACE, UNIT 319~~
CITY ST ZIP	~~PEMBROKE PINES FL 33026~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☒ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	6222 Champlain Terr.	
1 4 CITY ST ZIP	DAVIE, FL 33331	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP	REMITTED BY MAY 1	

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)(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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000078 CP