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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000048476 (3)

IMI ACQUISITION OF SOUTH DADE CORPORATION

Mailing Address Principal Place of Business 160 BROADWAY 160 BROADWAY SHITE 901 SUITE 901 NEW YORK NY 10038 NEW YORK NY 10038 3a. Date of Last Report 3. Date Incorporated or Qualified 06/29/1994 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mahing Address Not Applicable 65-0518160 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip ¥Yes □ No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS ST. 83 TALLAHASSEE FL 32301 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE INDIE Programmed Agent signature traps on what can internal Signature typed or pertect name of eap tends agent at 1 the map of each ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE ☐ Addition 1 1 TITLE TITLE 1.2 NAME SCHILLER, LEWIS S NAME 1.3 STREE! ADDRESS 160 BROADWAY, SUITE 901 STREET ADDRESS NEW YORK NY 10038 1.4 City - ST-ZIP CITY - ST - ZIP [] Change Addition DELETE 2 1 III LE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2 4 CITY - ST - ZIF Change Add tion DELETE 3 1 TIFLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 3 4 C+TY - \$1 - ZiP Addition DELETE 4 1 7 TLF TITLE NAME 4.2 NAME 200001797762 -04/29/96--01026--024 STREET ADDRESS 4.3 STREE! ACORESS 4.4 CITY - \$1 - ZIP CITY - ST - ZIP ***200.00 [] DELETE Change Addition 5 1 TiTLE TITLE 5.2 NAME NAME 5.3 SPHEET ADORESS STREET ADDRESS 5.4 CHY-\$1-70P CITY-ST-ZIF ☐ Change DELETE 6 1 TITLE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

6.4 C/1 Y - \$1 - Z/P 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 inclicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer of 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

SIGNATURE:

oath; that I am an officer of director of appears in Biock 12 or Biock 13 if chiad

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 212-233-5023

CR2E034 (12/95)