SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000081344 (1)**

1. Corporation Name
C. S. IMAGING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
507 SE 11TH CT. FT LAUDERDALE FL 33316	507 SE 11TH CT. FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 7100 SW 5 Street
Suite, Apt. #, etc. 22:
City & State 23: PLANTATION FL
Zip 24: 33317 Country 25: BROWARD

2a. Mailing Address
26: 7100 SW 5 STREET
Suite, Apt. #, etc. 27:
City & State 28: PLANTATION FL
Zip 29: 33317 Country 30: BROWARD

4. FEI Number: 65-0534113 ☐ 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

LAVENDER, JOEL R
507 SE 11TH CT.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: MARIA E Dominguez
82 Street Address (P.O. Box Number is Not Acceptable): 7100 SW 5 Street
83:
84 City: PLANTATION FL 85 Zip Code: 33317

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: Maria E Dominguez MARIA E Dominguez Secretary/Treasurer 7/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	DOMINGUEZ, MARIA E	12 NAME	DOMINGUEZ, MARIA E	
STREET ADDRESS	507 SE 11TH CT.	13 STREET ADDRESS	510 N OCEANDRIVE APT 508	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	14 CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	DST	21 TITLE	DST	☒ Change ☐ Addition
NAME	DOMINGUEZ, MARIA E	22 NAME	DOMINGUEZ, MARIA E	
STREET ADDRESS	507 SE 11TH CT.	23 STREET ADDRESS	7100 SW 5 Street	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	24 CITY-ST-ZIP	Plantation FL 33317	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Maria E Dominguez MARIA E Dominguez 6/20/95 (305) 587-5640
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076720 CP