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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9400086928 (6)

CLEAR IMAGE PRODUCTIONS, INC.

FILED
May 26 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address  420 LINCOLN RD. 420 LINCOLN RD. #316  MIAMI BCH. FL 33139 MIAMI BCH. FL 33139			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
9 Principal Pl	ace of Business	2a. Mailing Address	· · · • · · · · · · · · · · · · · · · ·	11/28/1994 4. FEI Number	
	LINCOLA ROAD	26 420 LACO	LN ROAD	65-0553165	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Additional
22	#317	27 # 319	<u>8                                    </u>	9. Certificate of Status Desired	Fee Required
City & State 23 Micmi	Beach, Fi	City & State  28 Miami Bea	ich, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 <b>3313</b>	Country	Zip 4π120	Country	8. This corporation owes or has paid the curre	<i></i>
24 3315	9. Name and Address of Currer	129 33127	30 USA	Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes ∐ No
111	NNELL, MICHAEL I SIDONIA AVE. APT. #2 RAL GABLES FL 33134		<ul><li>81 Name</li><li>82 Stree</li><li>83</li><li>84 City</li></ul>	Address (P.O. Box Number is Not Acceptable)	85 Zip Code
44 Duramonta	io the previolatorio al Castis, a COZ OFO				
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or protect make of registered age	of Horida, Such change wa attoris of, Section 607.0505, cet and fille if applicable	is authorized by the co Florida Statutes. IOIL: Registered Agent signatu		intment as registered
office or re agent. I ar SIGNATURE.	ogistered agent, for both, in the State in familiar with, and accept the oblig Stanture, special policy have directly age OFFICERS AN	of Florida, Such change wa lations of, Section 607.0505, eet and hije # applicable (N ID DIRI CTORS	is authorized by the co Florida Statutes.  IOIL: Registered Agent signatured.  13.	rporation's board of directors. I hereby accept the appo	DIRECTORS IN 12
office or reagent. I as SIGNATURE.	ogistered agent, for both, in the State in familiar with, and accept the oblig Standore typed or protect make of registered age OFFICERS AN	of Horida, Such change wa attoris of, Section 607.0505, cet and fille if applicable	is authorized by the conflorida Statutes.  IOL: Registered Agent signalum  13.  1.1 TILLE	rporation's board of directors. I hereby accept the appo	intment as registered
office or reagent. I are SIGNATURE.  12. TITLE NAME	agistered agent for both, in the State in familiar with, and accept the oblig Stiphiture, tyled or good I have of registered age OFFICERS AN  STD  DONNELL, MICHAEL	of Florida, Such change wa lations of, Section 607.0505, eet and hije # applicable (N ID DIRI CTORS	is authorized by the co Florida Statutes.  KOLE Registered Agent signatu  13.  1.1 TILE  1.2 NAME	rporation's board of directors. I hereby accept the appo	DIRECTORS IN 12
office or reagont. I as SIGNATURE.  12.  TITLE NAME STREET ADDRESS	agistered agent for both, in the State on familiar with, and accept the oblig  Signature, typed or pooled many of registered age  OFFICERS AN  STD  DONNELL, MICHAEL  111 SIDONIA AVE.	of Florida, Such change wa lations of, Section 607.0505, eet and hije # applicable (N ID DIRI CTORS	IS authorized by the conflorida Statutes.  INCLE Registered Agent signatures.  13.  1.1 TILLE  1.2 NAME  1.3 STREET ADDRESS	rporation's board of directors. I hereby accept the appo	DIRECTORS IN 12
office or reagent. I are SIGNATURE.  12. TITLE NAME	agistered agent for both, in the State in familiar with, and accept the oblig Stiphiture, tyled or good I have of registered age OFFICERS AN  STD  DONNELL, MICHAEL	of Florida, Such change wa lations of, Section 607.0505, eet and hije # applicable (N ID DIRI CTORS	is authorized by the co Florida Statutes.  KOLE Registered Agent signatu  13.  1.1 TILE  1.2 NAME	rporation's board of directors. I hereby accept the appo	DIRECTORS IN 12
office or reagont. Lar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	signature typed or professional age  Signature typed or professional age  OFFICERS AN  STD  DONNELL, MICHAEL  111 SIDONIA AVE.  CORAL GABLES FL 33134  PD  BRAVO, JOSE	ent Florida Such change wa nations of, Section 607.0505, ent and tille if applicable (N ID DIRECTORS	IS authorized by the conflorida Statutes.  ICIL: Registered Agent signatures.  13.  1.1 TILLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	rporation's board of directors. I hereby accept the appo	DIRECTORS IN 12  Change Addition
office or reagent. Lar SIGNATURE  12. THILE NAME STREET ADDRESS CITY-ST-ZIP THILE	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa nations of, Section 607.0505, ent and tille if applicable (N ID DIRECTORS	Is authorized by the conflorida Statutes.  KNL: Registered Agent signature.  13.  1.1 TILE  1.2 NAME  1.3 STREEL ADDRESS  1.4 CHY-ST-ZIP  2.1 TILE	rporation's board of directors. I hereby accept the appo	DIRECTORS IN 12  Change Addition
office or reagent. I are agent. I are signature.  12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	signature typed or professional age  Signature typed or professional age  OFFICERS AN  STD  DONNELL, MICHAEL  111 SIDONIA AVE.  CORAL GABLES FL 33134  PD  BRAVO, JOSE	of Florida. Such change wa actions of, Section 607.0505, ent mat hile if applicable(N ID DIRECTORS	Is authorized by the conflorida Statutes.  Kitt: Registered Agent signatures.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	rporetion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition
Office or reagont. I as signature.  SIGNATURE.  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa nations of, Section 607.0505, ent and tille if applicable (N ID DIRECTORS	Is authorized by the conflorida Statutes.  Kitt: Registered Agent signatures.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST-ZIP 3.1 TITLE	rporetion's board of directors. I hereby accept the apport	DIRECTORS IN 12  Change Addition
Office or reagont. I as agont. I as agont. I as signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	of Florida. Such change wa actions of, Section 607.0505, ent mat hile if applicable(N ID DIRECTORS	Is authorized by the conflorida Statutes.  Kitt: Registered Agent signatures.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME	rporetion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition
Office or reagont. I as agont. I as agont. I as signature.  12.  Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	of Florida. Such change wa actions of, Section 607.0505, ent mat hile if applicable(N ID DIRECTORS	IS authorized by the conflorida Statutes.  In the Conflorida Statutes.	rporetion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition
Office or reagont. I as agont. I as agont. I as signature.  12.  Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	of Florida. Such change wa actions of, Section 607.0505, ent mat hile if applicable(N ID DIRECTORS	Is authorized by the conflorida Statutes.  Kitt: Registered Agent signatures.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME	rnoretion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition
Office or reagont. I as agont. I as agont. I as signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa actions of, Section 607.0505, entend to the Bapolicable (N)  ID DIRECTORS  DELETE  DELETE	IS authorized by the conflorida Statutes.  KIL: Registered Agent signals  1.3.  1.1 TILLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	rnoretion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition Addition
Office or reagont. I as agont. I as agont. I as signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa actions of, Section 607.0505, entend to the Bapolicable (N)  ID DIRECTORS  DELETE  DELETE	Is authorized by the conflorida Statutes.  In the Conflorida Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  2.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE	rnoretion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition Addition
Office or reagont. I as agont. I as agont. I as agont. I as signature.  12.  Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa actions of, Section 607.0505, entend to the Bapolicable (N)  ID DIRECTORS  DELETE  DELETE	Is authorized by the conflorida Statutes.  In 13.  1.1 TILLE  1.2 NAME  1.3 STREET ADDRESS  2.4 CITY-ST-ZIP  2.1 TILLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TILLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TILLE  4.2 NAME	rnoretion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition Addition
Office or reagont. I as agont. I as agont. I as agont. I as signature.  12.  Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa actions of, Section 607.0505, entend to the Bapolicable (N)  ID DIRECTORS  DELETE  DELETE	IS authorized by the conflorida Statutes.  In the Engistered Agent signatures and the signatures are signatures as the signature and the signatures are signatures as the signature are signat	rporetion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition Addition
Office or reagont. I as agont. I as agont. I as agont. I as signature.  12.  Title  NAME  STREET ADDRESS  CITY-ST-ZIP	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa actions of, Section 607.0505, entend to the Bapolicable (N)  DDIRECTORS  DELETE  DELETE	IS authorized by the conflorida Statutes.  In the conflorida Statutes.  In the conflorida Statutes.  In the conflorida Statutes.  In the confloridation of	rporetion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
Office or reagent. Lar agent. Lar agent. Lar signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa actions of, Section 607.0505, entend to the Bapolicable (N)  DDIRECTORS  DELETE  DELETE	IS authorized by the conflorida Statutes.  KNIL: Registered Agent signatures.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	rporetion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
Office or re agent. I ar signature.  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa actions of, Section 607.0505, entend to the Bapolicable (N)  DDIRECTORS  DELETE  DELETE	IS authorized by the conflorida Statutes.  KIL: Registered Agent signatures.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	rporetion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
Office or re agent. I ar signature.  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Florida Such change wa actions of, Section 607.0505, entend to the Bapolicable (N)  DDIRECTORS  DELETE  DELETE	IS authorized by the conflorida Statutes.  In It is required to the conflorida Statutes.  In It is the statutes of the conflorida Statutes.  In It is the statutes of the confloridation of the conflo	rporetion's board of directors. I hereby accept the apporter required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Addition Addition
Office or re agent. I ar signature.  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Fioricia Such change wa nations of, Section 607.0505, entend to the Bapticable (N)  ID DIRECTORS  DELETE  DELETE  DELETE	IS authorized by the conflorida Statutes.  In It is the second agent signature of the second age	rnoretion's board of directors. I hereby accept the apport	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Addition Addition Addition
Office of reagent. Lar agent. Lar agent. Lar signature.  12.  Title Name STREET ADDRESS CITY-ST-ZIP TITLE	ogistered agent for both, in the State in familiar with, and accept the oblig Signature by ect or professional age OFLICERS AN STD DONNELL, MICHAEL 111 SIDONIA AVE. CORAL GABLES FL 33134 PD BRAVO, JOSE 111 SIDONIA AVE.	ent Fioricia Such change wa nations of, Section 607.0505, entend to the Bapticable (N)  ID DIRECTORS  DELETE  DELETE  DELETE	IS authorized by the conflorida Statutes.  In It is the second agent signature of the second age	rporetion's board of directors. I hereby accept the apporter required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Addition Addition Addition

14. Thereby 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 supplientental 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 of prograd, or on an attachment with an address.

SIGNATURE

5/1/98 305-672-531