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

P94000090399 (4) DOCUMENT #

IMAGE CONCEPTS USA, INC.

Principal Place of Business

Mailing Address

1120 NORTHEAST 210 TERRACE

1120 NORTHEAST 210 TERRACE

FILED May 01 1998 8:00am Secretary of State



11/05/08

NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1995 Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0630931 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etg \$8.75 Additional 5. Certificate of Status Desired 1032 Fee Regulred 1/032 DOSTON DR 27 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees OSA This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JON V. SEITLIN 700 -1120-NE 210 TERRACE 82 NORTH MIAMI BEACH FL 33179 ~ 84 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 lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. **SIGNATURE** (NOT: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE 1.1 TITLE TITLE **SEITLIN, JON V.** NAME 1.2 NAME 1120 NORTHEAST 210 TERRACE 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE STAPLE, ALAN E. NAME 2.2 NAME **20316 NE 34TH COURT** STREET ADDRESS 2.3 STREET ADDRESS **AVENTURA FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE . 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAMÉ STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby 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 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.