SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000093583 (0)**

1. Corporation Name
HAITIAN IMAGING CORPORATION

Principal Place of Business	Mailing Address
7241 SW 63RD AVE. STE. 100 SOUTH MIAMI FL 33143	7241 SW 63RD AVE. STE. 100 SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified: **12/28/1994**
3a. Date of Last Report: **11/27/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **APPLIED FOR** 65-0641718 ☐ 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

BRITO, LEONARDO F PA
2600 S.W. 3RD AVE.
STE. 301
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: BRITO, LEONARDO F. P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 8005 NW 155th Street, Suite B
83:
84 City: Miami **FL** 85 Zip Code: 33016

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: Leonardo F. Brito — 8/2/96
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	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WATERER, GEOFFREY		12 NAME	
STREET ADDRESS	3139 LAKESTONE DR		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618		14 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SALVANT, ALIX		22 NAME	
STREET ADDRESS	7241 S.W. 63RD AVE.		23 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143		24 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	PEREIRA, REGINALD		32 NAME	
STREET ADDRESS	13014 NEVADA STREET		33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156		34 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	THEVENIN, JOSEPH		42 NAME	
STREET ADDRESS	7241 S.W. 63RD. AVE.		43 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BERTI, ALDO		52 NAME	
STREET ADDRESS	5951 N. KENDALL DRIVE		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Geoffrey Thevenin — 8/2/96 — (305) 666-7484
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #