FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000017921 (4)

1. Corporation Name

KALEY IMAGING, INC.

500001840285
-05/28/96--01022--038
***4800.00

Principal Place of Business	Mailing Address
C/O 3000 TAFT STREET HOLLYWOOD FL 33021	C/O 3000 TAFT STREET HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 825 S. Bayshore Dr.	26 825 S. Bayshore Dr.
Suite, Apt. #, etc. 22 Suite 1650	Suite, Apt. #, etc. 27 Suite 1650
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33131 / 25 US	Zip / Country 29 33131 / 30 US

4. FEI Number: 65-0572421 ☐ 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

MENDELSON, VICTOR H
3000 TAFT STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (If the Registered Agent is a corporation, the signature must be that of an officer or director of the corporation.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDELSON, VICTOR H 3000 TAFT STREET HOLLYWOOD FL 33021	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/V 825 S Bayshore Dr. Suite 1650 Miami, FL 33131	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DC Mendelson, Lauraine 825 S. Bayshore Dr. #1650 Miami, Fl 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D. Mendelson, Eric 3000 Taft Street Hollywood, Fl 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DP Paul, Joseph A 825 S. Bayshore Dr. #1650 Miami, Fl 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DTV Irwin, Thomas 3000 Taft Street Hollywood, Fl 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	S Vetter, Judith 825 S. Bayshore Dr #1650 Miami, Fl 33131 5/1-96	☐ Change ☒ Addition

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: _____ VICTOR H. MENDELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

(305) 374-1745
Daytime Phone #

CR2E034 (12/95)