FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000026133 (5)

**AVALON IMAGES INC** 

Principal Place of Business

Mailing Address

550 BILTMORE WAY

SIGNATURE:

550 BILTMORE WAY

**FILED** Jul 16 1997 8:00am Secretary of State



CORAL GABLES FL 33134 CORAL GABL			34				
					3. Date Incorporated or Qualified 03/31/1995	3a. Date of Las	Roport 96
` -	ace of Business	2a. Mailing Address			4. FEI Number 65-857875	4	Applied For
		26 550 B((	HMOVE	WAY	60-8018 13	<del></del>	Not Applicable
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  PREZANINE  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.					5. Certificate of Status Desired	1 1	75 Additional ne Required
City & State City & State				· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		<u>-</u>
23 Cova		28 O 200 C	a bles	FL	Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country	·	8. This corporation has liability for in		
4 33/3	25		30		Florida Statutes		
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Re	gistered Agent	
			81	Name			
SAKOLSKY, KERRY 82 Street Addre					ress (P.O. Box Number is Not Acceptable	e)	
550 BILTMORE WAY							
CORAL	GABLES FL 33134		83				
			84	City		<b>—.</b> 85	Zip Code
				,			•
<ol> <li>Pursuant t or register</li> </ol>	o the provitions of Sections 607.0502 a nd agent, or both, in the State of Florida	ind 607.1508, Florida Statutes, Such chance was authorized	, the above-i	named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing it	s registered office
familiar wit	h, and agreet the obligations of Gection	607.0505, Florida Statules.	Dy the corp	_	TO Grainectors. Thereby accept the appo	intment as register	ed agent, I am
SIGNATURE _	Kley Sall Plat	MY KERRY SAI	KOLSKY	· Pre:	Sident d whom reinslatingi	7/9/9	アア
<u> </u>	Sunday, typeds or plinted name of registered exhibit a			il signature require		DATE	
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFICE		
TITLE	President	☐ DELETE	1. 1 TITLE		•	☐ Chang	e 🗌 Addition
NAME	KERRY SAKOLSKY	_	1.2 NAME				
STREET ADDRESS	600 Almeria Au	2000	1.3 STREET				
CITY-ST-ZIP	Coral Gabies, Mc	- DELETE	1.4 C/TY-9	31-21F			
TITLE NAME	Vice President	בו מנונוני	2 1 TITLE			Chang	e 🔲 Addition
	Maggia oneign	1 and	2.2 NAME				
STREET ADDRESS		176 	2.3 STREET				
DITY-ST-ZIP	Cocopyt Grove, 1	CONTRACTOR	2.4 CITY - ST - ZIP 3. 1 TITLE			Chang	e 🗍 Addition
NAME	Tony Hiller		3.2 NAME			Curang	e Aduation
STREET ADDRESS	coo Michelana	elo Street		T ADDDE CO			
CITY-ST-ZIP	Coral Gables, FL.	33134	3.3. STREE				
TITLE	00.41000113	DELETE	3.4 CHY - S 4. 1 TUTLE	1-217		[ ] Chang	e
NAME		_ otten	4.1 HILE 4.2 NAME			C) origing	
STREET ADDRESS			4.2 NAME.	AMBRESS			
CITY-ST-ZIP			4.3 STREET				
TITLE		□ DELETE	5 1 TITLE	11-21		[ ] Chang	e 🗍 Addition
NAME		المناه المناه	5.2 NAME			ு வனரி	- La Audition
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY+ST-ZIP			5.4 CITY - S				`
TATLE		DELETE	6. 1 TITLE	11-411		Chang	e ["] Addition
NAME			6.2 NAME			والشراق ريي	- 1000000
STREET ADDRESS			6.3 STREET	ADDRESS			
DITY-ST-ZIP			6.4 CITY - S				
14. I do hereb	certify that the Information supplied will	h this filing is voluntarily furnish	ed and dee	s not qualify f	or the exemption stated in Section 119.0	7(3)(k). Florida Sta	tules. I further
certify that I	the Information Indicated on this enhual	repod or supplemental annual tion of the receiver of trustee s	l report is tru minowered :	ie and accura	ite and that my signature shall have the s s report as required by Chapter 607, Flo	same legal effect a:	s if made under

Kerry Jakolsky