

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 REG. STATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056257 (5)

1. Corporation Name

EXCEL IMAGING SERVICES, INC.



Principal Place of Business

Mailing Address

8000 W. FLAGLER ST.
SUITE 203
MIAMI FL 33144

8000 W. FLAGLER ST.
SUITE 203
MIAMI FL 33144

3. Date Incorporated or Qualified
07/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

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

10. Name and Address of New Registered Agent

POZO-DIAZ, MARTHA
8000 W. FLAGLER ST.
SUITE 203
MIAMI FL 33144

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

Signature, typed or printed name of registered agent and title if applicable

(If 10c Registered Agent signature required when new, change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
0
POZO-DIAZ, MARTHA
8000 W. FLAGLER ST., SUITE 203
MIAMI FL 33144

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRES
EDUARDO E. POZO
8000 W. FLAGLER ST. 203
MIAMI FLA 33144

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

21.1 TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31.1 TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41.1 TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51.1 TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61.1 TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(v), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PR68 6/4/96

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