FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS

14. I do hereby certify that the information supplied wit information indicated on this annual report or supplied am an officer or director of the corporation of the appears in Block 12 or Block 13 if changid, or on a



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056257 (5)

EXCEL IMAGING SERVICES, INC.

Principal Place of Business 6000 W. FLAGLER ST. SUITE 203 MIAMI FL 33144		Mailing Address 8000 W. FLAGLER ST. SUITE 203 MIAMI FL 33144-2153		<u></u>			
					3. Date Incorporated or Qualified 07/20/1995	3a. Date of Last 07/11/1996	
21	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0597714		opplied For Not Applicable
Suite, Apt.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Stat		City & State	:	·	Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24	Country 25 9, Name and Address of Curr	Zip [29]	Countr 30	y 		Yes No	s. 199.032,
883		ent Hegistered Agent		T N	10. Name and Address of New Rep	gistered Agent	
	ZO-DIAZ, MARTHA		81	Name			
	0 W. FLAGLER ST.		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	TE 203		-				
MIA	MI FL 33144		83				
			84	City		—, 85 Zip	Code
dd Durawani	1. the	00 - 1007 4500 51 - 1		<u> </u>			
	registered agent, or both, in the Sta am familiar with, and accept the obt				poration submits this statement for the pr tion's board of directors. I hereby accep	urpose of changing I the appointment a	ils registered s registered
SIGNATURE	Signature, typed or printed name of registered a		i Santa e de la composito				
12.	·	ND DIRECTORS	13.	eru signature requ	ned when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTO	DC IN 10
TITLE	D	DELFTE	1.1 70LE		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	POZO-DIAZ, MARTHA		1.2 NAME			L change	Addition
STREET ADDRESS	8000 W. FLAGLER ST., SUIT	E 203		T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33144		1.4 CiTY -				
TITLE	P	DELETE	2.1 TILE	01-211		Change	Addition
NAME	POZO, EDUARDO E		2,2 NAME				
STREET ADDRESS	8000 W. FLAGLER ST. STE 2	203		1 ADDRESS			
CITY-ST-ZIP	MIAMI FL 33144		2. ¢ C(1)Y-				
TITLE		DELETE	3.1 7tH.F			☐ Change	Addition
NAME			3.2 NAME			, v	
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4, CITY-	ST-7IP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	j			
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CHY-	ST - 71P			
TITLE		DELETE	5.1 _, 10TLF			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CitY-	ST-ZIP			j
TITLE		DELETE	61 117LE			☐ Change	Add:tion
NAME			C O MALAC				

and does that qualify for a qualify for a qual uport is true

for he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the cound accurate and that my signature shall have the same legal effect as if made under eath; that ded to execute this report as required by Chapter 617, Florida Statutes; and that my name ess.