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 # **P95000084341 (3)**

1. Corporation Name

ALL-STATE IMAGING INC.

Principal Place of Business	Mailing Address
3900 N.W. 79TH AVENUE SUITE 450 MIAMI FL 33166	3900 N.W. 79TH AVENUE SUITE 450 MIAMI FL 33166

3. Date Incorporated or Qualified: 11/02/1995

3a. Date of Last Report:

4. FEI Number: 65-0623923 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

IAQUINTO, RAQUEL
3900 N.W. 79TH AVENUE
SUITE 450
MIAMI FL 33166

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: RAQUEL IAQUINTO — Raquel Iaquinto — 5/30/96
Signature, Type or Print Name of Individual — Signature of New Registered Agent, if changing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	IAQUINTO, RAQUEL		1.2 NAME		
STREET ADDRESS	19640 S.W. 79TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VARELA, JOSE M		2.2 NAME		
STREET ADDRESS	8791 S.W. 28TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	VP	☐ Change ☑ Addition
NAME			3.2 NAME	JOSE IRIBARREN	
STREET ADDRESS			3.3 STREET ADDRESS	10686 CORAL WAY	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI, FLA.	
TITLE		☐ DELETE	4.1 TITLE	SCTY. TR	☐ Change ☒ Addition
NAME			4.2 NAME	MARIA C. SPINOLA	
STREET ADDRESS			4.3 STREET ADDRESS	737 E 10 ST.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Hialeah, Fla. 33010	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	600001857546	
STREET ADDRESS			5.3 STREET ADDRESS	-06/11/96--01015--039	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6-10-96

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 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 attached sheet, with an address.

SIGNATURE: Raquel Iaquinto — 5/30/96 — 305-541-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)