

03021999-90133-002-S150.00-S150.00

APPROVED  
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99 JUL 22 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



03-02-99 90133 002 \$150.00  
DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000086931**

1. Corporation Name  
**IMAGE MARKETING (USA), INC.**

Principal Place of Business  
~~81 SE 3RD AVENUE SUITE 300 MIAMI FL 33131~~

Mailing Address  
**81 SE 3RD AVENUE SUITE 300 MIAMI FL 33131**

2. Principal Place of Business  
2a. Mailing Address

21 **RUA DR. JESUINO MACIEL** 26  
~~SUBP. 448, 8, etc.~~ 27 ~~SUBP. 448, 8, etc.~~

22 **1859** 27

23 **SAO PAULO BRAZIL** 28  
City & State

24 **BRAZIL** 29  
Zip Country

3. Date Incorporated or Qualified  
**11/13/1995**

4. FBI Number  
**65-0708582**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation owes the current year intangible Personal Property Tax.  Yes  No

8. Name and Address of Current Registered Agent

**ROZENCWAIG, LESLIE ALAN ESQ.  
1 S.E. 3RD AVENUE, SUITE 960  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

101 Name  
102 Street Address (P.O. Box Number is Not Acceptable)  
103  
104 City **FL** 105 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, Title or printed name of registered agent and the P available. NOTE: Registered Agent signature required when substituting officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRMANN, WILLY HARRO</b>	1.2 NAME	
STREET ADDRESS	<b>81 SE 3RD AVENUE SUITE 300</b>	1.3 STREET ADDRESS	<b>RUA DR. JESUINO MACIEL 1859</b>
CITY-STATE-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-STATE-ZIP	<b>SAO PAULO BRAZIL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANCIA, CARLO V</b>	2.2 NAME	
STREET ADDRESS	<b>81 SE 3RD AVENUE SUITE 300</b>	2.3 STREET ADDRESS	<b>RUA DR. JESUINO MACIEL 1859</b>
CITY-STATE-ZIP	<b>MIAMI FL 33131</b>	2.4 CITY-STATE-ZIP	<b>SAO PAULO BRAZIL</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.071, Florida Statutes. The information on this annual report or supplemental annual report is true and accurate.

**CARLO V. GANCIA** **WILLY HARRO HERRMANN**

CR21034 (11/79)