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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000088661 (0)

1. Corporation Name

EXPRESSION UNLIMITED INC.

Principal Place of Business

12 NE 96 STREET  
MIAMI SHORES FL 33138

Mailing Address

12 NE 96 STREET  
MIAMI SHORES FL 33138-2724



3. Date Incorporated or Qualified 11/17/1995  
3a. Date of Last Report 07/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

~~65-0505585~~ 65-0622374

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financial  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation is liable for intangible tax under s. 199.032,  
Florida Statute. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BASS, MANDY  
12 NE 96 STREET  
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name

82 Street Address

Box Number is Not Acceptable

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned corporation hereby certifies that 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 fee if applicable

(If Registered Agent resigns, resigning)

12. OFFICERS AND DIRECTOR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BASS, MANDY  
12 NE 96 STREET  
MIAMI SHORES FL 33138

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE ☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 (305) 784-212

Date Daytime Phone #

CR2E034 (9/96)