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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026149 (0)

IMAGE FIFTH AVENUE INC. Principal Place of Business Mailing Address 2200 WEST GLADES ROAD 2200 WEST GLADES ROAD SUITE 309 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 03/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 65-0659475 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes 25 30 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LARRY A. ROTHENBERG, P.A. 2424 NORTH FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 455 83 **BOCA RATON FL 33431** 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE M Change Addition TITLE 1,1 TITLE MOORE NEIL MOORE, NEIL NAME 1.2 NAME 6299 LACOSTA DR. APT A **4935 CORONATION AVE** STREET ADDRESS 1.3 STREET ADDRESS Boca Raton, Florida 33433 MONTREAL QU CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME YEMENIDJIAN, HOSEP 22 NAME 2135 ROCKLAND ROAD 2.3 STREET ADDRESS STREET ADDRESS MOUNT ROYAL, QUEBEC, CANADA CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addit TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TOLE 52 NAME NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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 attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6 1 TITLE

6.2 NAME

SIGNATURE: Mei

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

NAME

NEILMOORE

DELETE

Afril 27,1998 (Sb1) 213-1879

Change

Addition

FILED

May 12 1998 8:00am

Secretary of State