


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

FILED

May 13 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 # P96000026866 (9)			
1. Corporation Name IMAGE L. A., INC.			
Principal Place of Business 441 S STATE RD 7 #15 MARGATE FL 33068		Mailing Address 441 S STATE RD 7 #15 MARGATE FL 33068-1834	
2. Principal Place of Business 21 3671 Turtle Run Blvd. Suite, Apt. #, etc. Apt. 1327 City & State Coral Springs, FL Zip 33067		2a. Mailing Address 26 3671 Turtle Run Blvd. Suite, Apt. #, etc. Apt. 1327 City & State Coral Springs, FL Zip 33067	
23 33067		25 USA	
24 33067		29 33067	
30 USA		30 USA	
3. Date Incorporated or Qualified 03/27/1996		3a. Date of Last Report	
4. FEI Number 65-0654609		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HOWITT, STUART 441 S STATE RD 7 #15 MARGATE FL 33068		10. Name and Address of New Registered Agent 81 Name Laura Ziv 82 Street Address (P.O. Box Number is Not Acceptable) 3671 Turtle Run Blvd. #1327 83 84 City Coral Springs FL 85 Zip Code 33067	
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: LAURA S. ZIV DATE: 4-17-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME ZIV, LAURA STREET ADDRESS 441 S STATE RD 7 #15 CITY-ST-ZIP MARGATE FL 33068		1.1 TITLE 1.2 NAME ZIV, Laura 1.3 STREET ADDRESS 3671 TURTLE RUN BLVD. #1327 1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067	
TITLE D NAME Inga A. Arena STREET ADDRESS 20355 NE 34 Ave. #2723 CITY-ST-ZIP Aventura, FL 33180		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby 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 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 as an attachment with an address. SIGNATURE: LAURA S. ZIV DATE: 4-17-97 (97) 255-0412			



CR2E034 (9/96)