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Apr 15 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 # P96000034002 (1)

1. Corporation Name
IMAGEWISE, INC.



Principal Place of Business
1825 PONCE DE LEON BLVD.
SUITE 131
CORAL GABLES FL 33134

Mailing Address
1825 PONCE DE LEON BLVD.
SUITE 131
CORAL GABLES FL 33134-4418

3. Date Incorporated or Qualified
04/18/1996

3a. Date of Last Report

2. Principal Place of Business
21 12904 SW 133 CT.

2a. Mailing Address
26 1825 Ponce de Leon Blvd.

4. FEI Number
65-0659452

Applied For
Not Applicable

Suite, Apt. #, etc.
22 1 FL

Suite, Apt. #, etc.
27 131

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23 Miami FL

City & State
28 Miami FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 33186 25 USA

Zip Country
29 33134 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INFORMATION ASSOCIATES, INC.
2007 W. INDIANHEAD DR.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Miriam MacWilliams
82 Street Address (P.O. Box Number is Not Acceptable)
12904 SW 133 Ct.
83
84 City Miami FL 85 Zip Code 33186

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 *Miriam MacWilliams* 4/1/97
Signature, word or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DIPISIT
STREET ADDRESS Miriam MacWilliams
CITY-ST-ZIP 11422 SW 87 Terrace Miami, FL 33173

TITLE ☐ DELETE
NAME DIV
STREET ADDRESS Raul Recarey
CITY-ST-ZIP 10275 SW 132 Ct. Miami, FL 33186

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 on an attachment with an address.

SIGNATURE: *Miriam MacWilliams* 4/1/97 (305) 275-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)