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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000042389 (2)

TODAY'S IMAGES, INC.

FILED May 06 1998 8:00am Secretary of State

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| Principal Place of Business                           |               |                     |   | Mailing Address                              |    |   |  | : I I I I I I I I I I I I I I I I I I I             |   | 8110 1011 1001        |      |  |  |
|---|---------------|---------------------|---|--|----|---|--|---|---|-----------------------|------|--|--|
| 100 S. BISCAYNE BLVD.<br>Suite 1310<br>Miami Fl 33131 |               |                     | 100 S. BISCAYNE BLVD.<br>Suite 1310<br>Miami Fl 33131 |  |    | DO NOT WRITE IN THIS SPACE  |  |   |   |                       |      |  |  |
|   |               |                     |   |  |    |   |  | 3.  | Date Incorporated or Qualified 05/17/1996 |                       |      |  |  |
| 2. Principal Place of Business                        |               |                     | 2a. Mailing Address                                   |  |    |   | 4.   | , FEI Number  |   | Applied For           |      |  |  |
| 21  |               |                     | 26  |  |    |   |  | 65-0667654  |   | Not Applicable        |      |  |  |
| Suite, Apt. #, etc.                                   |               | Suite, Apt. #, etc. |   |  |    | 5.  | Certificate of Status Desired                      |   | Additional<br>Required                    |                       |      |  |  |
| City & State  |               |                     | City & State  |  |    |   | 6.   | Election Campaign Financing Trust Fund Contribution |   | 0 May Be<br>1 to Fees |      |  |  |
| 24  | Zip           | Country Zip Co      |   | buntry                                       |    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No |  |   |   |                       |      |  |  |
|   | g, Name a     | itered Agent        |   | 10. Name and Address of New Registered Agent |    |   |  |   |   |                       |      |  |  |
|   | JIMENEZ, DAVI | D                   |   |  |    | 81  | Name   |   |   |                       |      |  |  |
| 7835 W. 30TH CT.<br>APT. 201<br>HIALEAH FL 33018      |               |                     |   |  |    | 82  | Street Address (P.O. Box Number is Not Acceptable) |   |   |                       |      |  |  |
|   |               |                     |   |  | 83 | · · · · ·   |  |   |   |                       |      |  |  |
|   |               |                     |   |  |    | 84  | City   |   | F   | <b>85</b> Zip         | Code |  |  |
|   |               |                     |   |  |    |   |  |   |   |                       | 24   |  |  |

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 bood or pyrified name of registered earnt and idro if application (NOTE Registered Apent signature required when reinstating)  DATE |          |                      |  |               |  |  |  |  |  |  |
|----------------|---|----------|----------------------|--|---------------|--|--|--|--|--|--|
| 12.            | Signature, typed or printed name of registered agent and lifto if a<br>OFFICERS AND DIRECTO   |          | 13.                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECT | TORS IN 12    |  |  |  |  |  |  |
| TITLE          | PD  | DELETE   | 11 TITLE             | Char                                     |               |  |  |  |  |  |  |
| NAME           | JIMENEZ, DAVID  |          | 1.2 NAME             |  |               |  |  |  |  |  |  |
| STREET ADDRESS | 7835 WEST 30TH CT., APT. 201  |          | 1.3 STREET ADDRESS   |  |               |  |  |  |  |  |  |
| CITY-ST-ZIP    | HIALEAH FL 33018  |          | 1 4 CITY-ST-ZIP      |  | •             |  |  |  |  |  |  |
| TITLE          | T   | DELETE   | 21 TITLE             | Char                                     | ge Addition   |  |  |  |  |  |  |
| NAME           | JIMENEZ, ALFONSO  |          | 22 NAME              |  |               |  |  |  |  |  |  |
| STREET ADDRESS | 2650 W. 76TH ST., APT. 204  |          | 2 3 STREET ADDRESS   |  |               |  |  |  |  |  |  |
| CITY-ST-ZIP    | HIALEAH FL 33016  |          | 2.4 CITY-ST-ZIP      |  |               |  |  |  |  |  |  |
| TITLE          | V   | DELETE   | 3 1 TATLE            | ☐ Char                                   | ge Addition   |  |  |  |  |  |  |
| NAME           | JIMENEZ, ROLANDO  |          | 3.2 NAME             |  |               |  |  |  |  |  |  |
| STREET ADDRESS | 9758 S.W. 221ST ST.   |          | 3.3 STREET ADDRESS   |  |               |  |  |  |  |  |  |
| CITY-ST-ZIP    | MIAMI FL 33190  |          | 3.4. CITY - ST - ZIP |  |               |  |  |  |  |  |  |
| TITLE          | S   | DELETE   | 4.1 TITLE            | ☐ Char                                   | ge 🔲 Addition |  |  |  |  |  |  |
| NAME           | rivera, reinaldo  |          | 4. 2 NAME            |  |               |  |  |  |  |  |  |
| STREET ADDRESS | 9756 S.W. 221ST ST.   |          | 4.3 STREET ADDRESS   |  |               |  |  |  |  |  |  |
| CITY-ST-ZIP    | MIAMI FL 33190  |          | 4.4 CITY-ST-ZIP      |  |               |  |  |  |  |  |  |
| TITLE          |   | DELETE   | 5.1 TITLE            | ☐ Char                                   | ge            |  |  |  |  |  |  |
| NAME           |   |          | 5.2 NAME             |  |               |  |  |  |  |  |  |
| STREET ADDRESS |   |          | 5.3 STREET ADDRESS   |  |               |  |  |  |  |  |  |
| CITY-ST-ZIP    |   | <u></u>  | 5.4 CITY-ST-ZIP      |  |               |  |  |  |  |  |  |
| TITLE          |   | ☐ DELETE | 6.1 TITLE            | Char                                     | ge Addition   |  |  |  |  |  |  |
| NAME           |   |          | 6.2 NAME             |  |               |  |  |  |  |  |  |
| STREET ADDRESS |   |          | 6.3 STREET ADDRESS   |  |               |  |  |  |  |  |  |
| CITY-ST-ZIP    |   |          | 6.4 CITY - ST - ZIP  |  |               |  |  |  |  |  |  |

14. I 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.

ail lim

1-13-98

205- 224, West

R2E034 (10/97)