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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State • T

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IMAGE MEDIA PRODUCTIONS, INC.

FILED
Apr 02 1997 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address									
833 UNIVERSITY		333 UNIVERSITY DRIVE									
SUITE 207		SUITE 207									
Coral Gables	5 FL 3 3134	CORAL GAB	LES FL 33134	I-7258			3. Date Incorporated or Qualified 11/25/1996	3a. Da	ite of Last R	eport	
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number EIN-65-071018	39	F1	oplied For of Applicable	
Suite, Apt.	#, elc.	Suite, Apt #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	6	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
23 Zip	` -;		Zip Cod				8. This corporation has liability for i				
24	25 25 Name and Address of Current	[29]		30	1		Florida Statutes Name and Address of New Re				
		negistereu Ag	Jen K		81	Name	10, Italic and Address of New Ite	gibloloo	ngom		
	OVI, DIEGO				82			 			
	university drive 'e 207					Street Add	ess (P.O. Box Number is Not Acceptable)				
	AL GABLES FL 33134				83	· · · · · · · · · · · · · · · · · · ·					
					84 City				85 Zip (Code	
						•		FĻ	.		
11, Pursuant office or reagent. La	to the provisions of Sections 607.0502 egistered agont, or both, in the State im familiar with, and accept the obliga	and 607.1508, of Florida Such tions of, Section	Florida Statu change was 607.0505, F	ites, the a authorize Iorida Sta	hove- id by tutes.	named corp the corpora	poration submits this statement for the p tion's board of directors. I hereby accer	urpose of the app	f changing it cintment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered ager	it and tile if applicable	c (NO	TL: Registere	id Agen	il signature requi	ired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PD		DELETE	1.1 11	ITLE				☐ Change	Addition	
NAME	POCOVI, DIEGO			1.2 N							
STREET ADDRESS	333 UNIVERSITY DRIVE, SUITE	207				ADORESS					
CITY-ST-ZIP	CORAL GABLES FL 33134		DELETE		IIY - \$1-	- 2IP			Change	Addition	
TITLE	GOMEZ, GUILLERMO J		T Dittit	2.1 TI					[_] Change	L_) Roomon	
NAME PERSON ADDRESS	8730 S.W. 133RD AVE., ROAD	(317-10			2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33183	# 0 11 · 10			incci A CHY-SI						
TITLE	THE UNIT OF THE STATE OF THE ST		DELETE	3.11	*** *****				Change	Addition	
NAME		·	-	3.2 N							
STREET ADDRESS				3.3 \$	TREET A	ADDRESS.					
CITY-ST-ZIP				3.4. 0	2/1Y - S1	1 - 71P					
TITLE			□ DCLETE	4.1 1	ITLE				Change	Addition	
NAME				4.2 N	:MAV						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP		•••	D DELETE		17 - SI	- 7IP			Change	Addition	
TITLE			[_] DELETE	5.1 11					L_1 onenge	L.J AOGILION	
NAME CROSES ADDRESS				5.2 N		UDDECCC.					
STREET ADDRESS	. •				ITY-ST	ADDRESS 71D					
CITY-ST-ZIP TITLE	·		DELETE	6.1 1		- 11			Change	Addition	
NAME		1		6.2 N						=	
STREET ADDRESS		Λ N				ADDRESS					
CITY-ST-7IP		// //		640	01Y-S1	- 71P					
14. I do herel	by certify that the information supplied	(with this tiling	ocs not qua	lify for the	exen	nption state	d in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the	
Informatio Lam an o appears l	on indicated on this annual report or s Ifficer or director of the corporation or In Block 12 or Block 13 if changed, or	uppiementa the received on an all const	rial report is histee empor with an ac	true and t wered to e ddress.	execur	iale and tha ite this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	itatutes; a	nd that my r	name	